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Helping Applicants Become Clients

Some Psychological Determinants in
the Foster Child's Development

Reaching Decisions To Initiate Court
Action To Free Children in Care
for Adoption

Caseload Analysis in a Public Child
Welfare Agency

Counseling After Legal Adoption

December 1961

CHILD WELFARE

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CHILD WELFARE is a forum for discussion in print of child welfare problems and the programs and skills needed to solve them. Endorsement does not necessarily go with the printing of opinions expressed over a signature.

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HELPING APPLICANTS BECOME CLIENTS

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Grace Dickstein

Casework Supervisor

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Caseworker

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Herman Levin

Executive Director

Child and Family Services

Portland, Maine

CASEWORKERS have frequently expressed concern about the large number of people needing help who never receive it. Of particular concern are the people who have had one or two social agency contacts but who do not return for the help they so obviously need. As professional helping people, we begin to question ourselves and our skills. We have had these people in our offices, but somehow we have failed. What can we do to change this situation?

In her paper on "Intake and Some Role Considerations,"¹ Helen Harris Perlman places on the shoulders of social caseworkers the burden of trying out a proposition for reaching and retaining an applicant who needs service. Her proposition is, in effect, that an applicant's discontinuance at, or continuance beyond, intake is influenced by the understanding and agreements reached by the applicant and the caseworker as to the service wanted by the former, the kind of help the agency can offer, and the conditions under which they will continue together.

This paper recounts the first eighteen months of trial and assessment of an almost identical proposition arrived at independently by the Child and Family Services, a voluntary agency serving greater Portland, Maine, a community of approximately 150,000. The agency is budgeted for five caseworkers, one case aide, one casework supervisor, and an executive director. In addition, over the two-year trial period (January, 1959 to December, 1960), there were one to three students in field work training.

Through the development of a clearly defined application process, one agency has found a way of dealing with the problem of client dropout.

In the fall of 1958, the executive director became convinced of the necessity for an application process that would be *separate and distinct from continuing service*,² and that would engage the applicant emotionally to use the kind of help the agency had to offer. In brief, he wanted to "help an applicant to undertake the role of client." The executive director inaugurated a new application process and designated one full-time caseworker and one three-quarters time caseworker from the regular staff as application workers. With the executive director, they mapped out the application process. There was question as to the feasibility of removing two caseworkers from continuing service work, particularly since the agency has periodically had a waiting list, but experience has proved the wisdom of the move.

Conception of Application Process

The application process, as devised by Child and Family Services, is not a simple intake procedure, but rather a separate, complete helping process during which the applicant is offered the challenge inherent in deciding whether he will become a client of the agency. As might be expected, the move from applicant to client requires considerable effort of some people, less of others; but for every person coming to the agency, the move involves an understanding and acceptance of the basic structure within which help for his problem can be given. First, the applicant needs to know in some detail what kind of help he can expect from the agency, the cost to him, and the length and frequency of interviews. Secondly, he needs to know what the agency expects of him, namely, that he

¹ Social Casework, April, 1960.
² The term "continuing service" is used throughout to denote service given after the completion of the application process. This is not to be confused with the FSAA definition of continued service as service involving more than one interview.

participate actively in the helping process. Thirdly, he has to have a beginning experience of how help will be given to him; for if the client is to be engaged, he must find quickly that the agency has help to offer him and be motivated to use that help in working toward a solution of his problem.

These concepts are not new. Nevertheless, the importance of the applicant's accepting the role of a client, and the engagement between caseworker and applicant required for achieving it, is worthy of restatement. Accepting the role of a client is often the most difficult move the applicant will make toward finding a way to deal with the problem that overwhelms him, and it represents the beginning of taking help.

Structure and Content of Application Process

The application process at Child and Family Services has a beginning, a middle, and an end and leads naturally to three interviews for each person involved. The applicant usually makes his appointment for an interview with the receptionist, either by telephone or in person, so that the first interview is also the first contact with the intake worker. Early in the application process, usually in the first interview, the worker explains the kind of help the agency can offer and how it can be given. The applicant learns that he is beginning an application process and that, if he decides to become a client of the agency, he will transfer to another caseworker for continuing service. His early understanding that the worker is not simply "taking" an application, but is going to work with him toward a responsible choice in regard to using the services offered, sets a focus for the whole application process.

Service is offered through regularly scheduled interviews, and the agency expects that a client who wants to use its services will keep appointments regularly and on time. The agency expects the client to do all he can to make use of the help given. The agency expects that all those family members who are involved in the problem be involved with the agency, in some way, in bringing about a change in the situation. Finally, the agency

expects the client who can pay a fee, in accordance with an income scale, to do so. These simple expectations are reviewed as part of every application and are used dynamically in helping the applicant move toward becoming a client. The possibility of such movement is enhanced by the fact that the agency's expectations described above imply the client's right to expect some things of the agency. If the client is expected to make himself available for and to use help, he has a right to expect that the agency caseworker will use all his knowledge and skill in helping him.

Mr. and Mrs. Zane, a young couple living in a remote area, asked for help with their four-year-old son. Mr. Zane owned and operated a small boat carrying passengers and freight along the coast. Boats were his life, and although Mr. and Mrs. Zane were a devoted couple, one of Mrs. Zane's complaints was that she had to compete with the boat for her husband's attention. She added that the caseworker would find herself competing with the boat, too, and, in fact, that during the summer months it would be useless to ask Mr. Zane to come for interviews—his boat took all his time.

During the application process, Mr. and Mrs. Zane were late twice for interviews and also missed one. This was discussed at some length and the caseworker pointed out that the agency would be unable to give help if Mr. and Mrs. Zane were not there to receive it. They were helped to see that missing interviews and being late was something quite significant in terms of their own relationship. To Mrs. Zane it seemed that her husband would be late because of his preoccupation with his boat; to Mr. Zane his wife's being late was her usual pattern of behavior, which he found exasperating. Mrs. Zane admitted that she seemed to spend her life meeting deadlines, with constant turmoil in the family as a result. This was used as the focus of continuing service with her: What was it in her that was making her live this way, and what could she do to change it?

A careful discussion with Mr. Zane revealed that he could keep evening appointments during the summer months, and he realized that the regular keeping of these appointments would be a step toward correcting his wife's feeling that the boat and his work were more important than anything else. What he was doing to make her feel this way, and what he could do to change it, was the focus set with Mr. Zane.

More often brought to families rather than children to work alone, with or without the help of the parents. The Present Although we spend much time with the agency expect of the help brought the starting for movement process. A family, an individual, an unwed mother of her children and the application problem itself, applicant failed to put some to solve it. The record illustrates challenge move toward time that ended.

Mr. and Mrs. Zane, daughter, John, problems both a social interview which might need the parents. Warner was in the situation. His mother, who was making mistakes and Joan, who were so far along with

Many agency and applicant hold in the application centered. This focus on continuing

More often than not the problems which are brought to the casework agency are with families rather than with single individuals. The degree of involvement of the members may vary considerably, from direct participation on the part of both parents and the children to working with one family member alone, with others being aware and informed of the help being given.

The Presenting Problem

Although the caseworker and the applicant spend much time discussing the way in which the agency can offer help and what each can expect of the other, the problem which has brought the client to the agency is, of course, the starting point and the underlying base for movement to the end of the application process. A child's problem, a marital difficulty, an individual's social maladjustment, or an unwed mother's request for the placement of her child—whatever the case, the worker and the applicant must explore together the problem itself, its origins, and whether the applicant feels enough personal involvement to put something of himself into trying to solve it. The following extract from a case record illustrates a situation in which a direct challenge was used to help the applicant move toward involving herself at the same time that the problem itself was being clarified.

Mr. and Mrs. Warner came to the agency asking for counseling for their eleven-year-old daughter, Joan, who was showing behavior problems both at home and in school. During the first interview with the mother, she was told that Joan might need help but that the agency expected the parents to be involved in counseling too. Mrs. Warner was asked where she saw herself in this situation. This question seemed a relief to the mother, who at once said that she knew she was making mistakes and that she wanted help. She and Joan had gotten to the point where they were so far apart that she could hardly do anything with the child.

Many problems brought to a casework agency are so complex that it is hard for the applicant and the caseworker to find a foothold in the morass of difficulties. During our application process a focus is set, and work is centered on this focus in continuing service. This focus is not established as a restriction on continuing service. Rather, it is a mutual

awareness for both client and worker of the overt presenting problem and of the underlying psychological component which each person brings to the problem and to plans for its resolution. The focus serves as a point of departure and return for the continuing casework treatment, which can go as deeply into the problem as is indicated without fear of getting into unnecessary and dangerously unlimited psychological areas. Setting a focus helps make the applicant aware of at least one important, clearly defined, and encompassable aspect of his problem on which he can work; and the problem as a whole can seem less bewildering and engulfs.

The final interview of the application process is used to help applicants to decide whether they want to use the service the agency can offer them. If they do, can they accept the agency's expectations of what will be required of them as clients? These expectations, simple as they are, carry with them a respect for clients as individuals and a belief that clients are able to assume responsibility for decisions and for working on their own problems. A commitment to meeting the expectations means that they have already taken a step toward solving their problems.

Mr. and Mrs. Brown, a young, unsophisticated couple, came to the agency with a financial problem, but quickly stated that they needed help in their marriage. In the course of the individual interviews each had said in his own way that it did not seem as if the other cared enough. This point was brought out in the final interview and used as the focus for continued service: What was each of them doing to make the other feel this way, and what could each of them do to change the situation?

In this joint interview, both Mr. and Mrs. Brown were much less articulate than they had been when seen individually. Their discomfort was recognized, with a resulting understanding that, although we would begin by working with each separately, we would also work toward helping them to be able to talk together and to discuss their problems.

Mr. and Mrs. Brown were both ready to say that they would like to continue with counseling; they were prepared to look at what each was doing to make their marriage the way it was and to try to use help in changing it. They accepted the agency's expectations that they keep their appointments regularly and pay the fee agreed upon.

The caseworker's belief that the client wants something different for himself and that the client can bring about change helps to set a climate for change and growth. The worker's belief in the client's strength can help the client regain a belief in himself.

Number of Interviews and the Time Involved

The structure of the application process is flexible. The ultimate decision about the number of interviews rests with the application worker and the applicant and depends upon the situation. Nevertheless, a pattern of three interviews for each adult has evolved. In marriage counseling and in parent-child counseling where both parents participate, the third interview is usually a joint one. For children under eighteen living at home, three interviews are generally not necessary, since the decision to continue is the parents'. Children are usually seen twice, unless otherwise indicated by the individual situation. The beginning, middle and end pattern applies to all counseling cases, including work with unmarried mothers, although the application worker may become the continuing worker in these cases so that the many practical matters usually facing an unmarried mother can be handled immediately. Nevertheless, our experience demonstrates that a person with a problem responds to the "contract" established during the application process, no matter what the problem.

Time has an effect on every process, including the application process; it can alter the situation and the client, not necessarily beneficially. The rhythm and flow of the process described in this paper is interrupted and distorted if it is spread over too long a time. We have found it desirable to conclude an application within three weeks, seeing all members of a family each week in separate or joint interviews. One week between interviews allows enough time for the internal "fermentation" that helps engage the client. In practice, of course, illness of the client or the worker, accidents, storms, unavailability of a husband or father because of job requirements, may necessitate prolonging the application process; but when the process goes beyond a month, it begins to lose effectiveness and requires increased effort at client engagement.

Process Encourages Spontaneity and Engagement

Any innovation faces criticism, and the application process described above has had its share. Criticism has ranged from the possible difficulty a client might experience in transferring to a continuing caseworker after a relationship has been established with an application worker, to the feeling that the application structure is inflexible and loses spontaneity and creativity.

Agency experience has shown, however, that this new application process, and the verbal contract which results between applicant and agency, generates spontaneity and creativity. There is no "marking time" waiting for information or for a detailed diagnosis. Instead, the applicant and the worker immediately begin working together on the problem, what the agency offers, and what the applicant is expected to do. Background information invariably comes out, but a detailed history is not the worker's first concern. The applicant, his problem, and what the agency and the applicant can do together to solve that problem come first. The limits inherent in the purpose and structure of the application process free the applicant and the worker to concentrate on the problem and the emotional engagement of the applicant.

Of basic importance is the understanding that the application process has its own purpose and is, therefore, distinct from continuing service. The client starts on something new in continuing service, with a new caseworker. The movement in the application process prepares the applicant for this next phase of the helping process. He has graduated from applicant to client.

Social Diagnosis

Perhaps the most meaningful thing that our application process accomplishes is to bring us back to a real social diagnosis. In those cases in which there is an emotional disturbance resulting in a social problem, we are able to avoid floundering in a no man's land of "what is proper for a social worker to handle?" and "how deep can a social worker go?" We examine the problem with the client and focus on a treatment plan which has

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meaning in terms of the social problem. The emotional problems are, of course, present and worked with, but it is the social problem, understandable to and encompassable by the client and the caseworker, which is the real focus for the helping process. Again, the limits of the focus free the client and the worker to go as deep as the problem requires.

Mrs. Richards had come to the agency for marriage counseling several years previously. She was a woman in her early thirties who had depended on her husband for every kind of support—emotional, physical, and economic. There were no children by the marriage, through Mrs. Richards' choice. When Mrs. Richards returned to the agency for help with her emotional problems, she and her husband were separated and he was not supporting her. She had moved in with her mother and unmarried brother, transferring all her dependency to them and refusing to make any effort to support herself or even to help in the home. Mrs. Richards had a bachelor's degree from a teacher's training college but was using an eye condition, normally not chronic, as an excuse for doing nothing.

Although Mrs. Richards applied alone for help, her mother, knowing of the application, called the worker and was also seen. The mother, Mrs. Barrett, had a whole constellation of emotional problems of her own.

It would be very easy, in such a case, to concentrate on the individual emotional problems of the two women involved. During the application process these problems were brought into perspective, to focus on an encompassable area of work with the agency. The focus became, with both Mrs. Richards and Mrs. Barrett, whether Mrs. Richards could be helped to plan for herself. The working focus included helping her to be self-supporting.

Since the brother was involved in the home situation (he lived there and supported the home to an extent), he also was one of the persons involved in the problem. After discussion with Mrs. Richards and Mrs. Barrett, he was contacted by the worker for an interview. At that time, he was involved at least to the extent of knowing what his mother and sister were working on and how he was affected. He also knew he was free to work on this problem with us, if he wished to.

The establishment of a focus based on family interaction made the area of work with the

agency encompassable for the client and the caseworker. The emotional difficulties of the two clients, which were, of course, a large part of the problem, came out and were worked on. But the focal point, to which the client and the worker returned again and again, was in the realm of social diagnosis. The limits it sets release the client and the worker for a social movement which might otherwise get lost.

Recording

Recording the application process with which we are dealing has its own problems. We started by recording each interview but soon found that, with as many as seven interviews in a child's case—two interviews with the mother, two with the father, two with the child, and one joint interview—we were getting records that were much too long and unwieldy before they ever went into continuing service. Therefore, we evolved a summarized form of recording. We use the word "evolved" advisedly, because the recording form grew logically and naturally from the structure of the application process as we worked with it. The recording offers marginal titles as follows: source of referral; presenting problem; background information (including subheadings as indicated, i.e., child, marriage, mother, father, etc.); process of interviews and decisions (summarized indications of how the client and the worker arrived at a focus and the decision about continuing or not continuing, with movement and involvement trends shown); and factual summary (a brief paragraph for the continuing service worker, repeating focus, times of availability for interviews by each client, fee, record of payment, and any unusual or pertinent data which may be needed at a glance). We find we can now record any application in two to five pages, depending on the number of interviews and the complexity of the case.

Waiting List and Continuing Service

How does such an application process affect counseling in continuing service? Do clients find the transfer difficult? The experience of eighteen months shows that, because the applicant has usually become a client before he leaves the intake worker, he is ready to begin

working on his problem at once and is prepared to engage himself in using help. Continuing service workers have commented that some clients are so ready and eager to move ahead in counseling that it is the caseworker who feels he has to increase his pace at the beginning of the contact in order to keep up with the client. In addition, continuing service workers have found that the time needed for continuing service work may be of shorter duration.

Because the applicant knows from the beginning that he will have to transfer to another caseworker for continuing service, we have found that this does not present any great problem. Each client is helped to express any feelings he may have about transferring, both at the end of the application process and at the start of continuing service. Whenever possible, the application worker sees the client briefly at the beginning of the first continuing service appointment and introduces him to the new caseworker in order to give the client a feeling of continuity.

Like most agencies offering a counseling service, Child and Family Services faces the problem of a waiting list for continuing service. As with all waiting lists, a certain number of clients withdraw when continuing service is finally offered. However, when a new caseworker joined our staff and picked up a complete caseload from the waiting list, it was interesting to note that the "dropout" was only 20 percent. One case withdrew because the family had been able to go on using the help given in the application process and felt they could now handle their difficulties without further help. There is, additionally, a large number of cases which come to a successful conclusion during the application process because a short-time service was all that was needed. Thus, by offering an immediate short-time service, which is long enough to solve and identify simpler problems, more clients are given needed help and the waiting list is, at the same time, reduced.

Conclusion

We realize that the application process used at Child and Family Services is far from the complete answer to the questions and

(continued on p. 15)

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SOME PSYCHOLOGICAL DETERMINANTS IN THE FOSTER CHILD'S DEVELOPMENT

Elizabeth A. Lawder,
D.S.W.

Executive Director
Children's Aid Society of Pennsylvania
Philadelphia, Pennsylvania

The effects of emotional deprivation may be modified in many children in longtime foster care if we increase our understanding of its symptoms. With more knowledge about its origins we can improve foster home selection and be more definitive in our work with foster parents.

MUCH attention is being given to the psychological significance of early mothering to the child, the effects of faulty mothering, and the separation of mother and child. Comparatively little of this recent thinking has as yet become an integral part of the concepts and practices of child welfare. To give the reasons for this lag would take this paper far afield of its purpose, which is to highlight some psychological determinants in the foster child's development.

The writings of Anna Freud, Melanie Klein, John Bowlby, Therese Benedek, and others show the complexity of the early mother-child relationship. Technical differences among these writers serve to emphasize the importance of continuing to improve our understanding of childhood problems in order to develop more effective treatment.

The social agency which carries out the function of actual physical separation of mother and child more often than not sees in the history of this relationship a series of difficulties culminating in placement. This kind of history is especially pronounced for children placed after infancy who are destined to remain in foster care indefinitely. Frequently the older the child, the more difficulty there is in unraveling the psychological story.

In a recent paper Clarke and Clarke state:

"During the last 40 years there has been a growing awareness of the importance of early experience in the development of later personality. The psychoanalysts were the first to stress this, but since then they have been joined by the learning theorists, notably Hebb, who indicated brilliantly that later stages of development depend on the integrity of preceding ones. More recently the ethologists have shown from the animal world that there exist critical periods of de-

velopment—particularly in early life—during which the future of certain behaviour patterns is determined. These diverse trends indicate that from very different approaches a similar stress is laid on the importance of early life experiences."¹

Findings on Children in Longtime Foster Care

The writer was asked to give an institute in the spring of 1961 on the subject of helping the foster child adjust to his status as a placed child.² In preparation for this and other similar institutes, information was collected on over 200 children living in longtime foster care. This information confirmed observations of the Children's Aid Society of Pennsylvania, which reviews systematically cases of this kind, many of which are discussed with the agency's psychiatric consultant.³

In the group of cases cited above the most prevalent reasons for placement were incapacity of a parent and neglect of the child. Mental illness of a parent ranked next. Most of the families had little to offer their children, and the possibility of reunion of parents and children was slight. A significant number of these children were placed under three years of age. At the time the information was collected most of the children who had been placed in early childhood were either approaching adolescence or had reached it.

Current symptoms of these children taken

¹ A. D. B. Clarke and Ann M. Clarke, "Some Recent Advances in the Study of Early Deprivation," *Journal of Child Psychology and Psychiatry*, January, 1960, p. 26.

² Seminar given for staff of Foster Home Department, Edwin Gould New York Fund, March, 1961.

³ A. Ferdinand Bonan, M.D.

at random included eating difficulties, obesity, infantile behavior, enuresis, hyperactivity, feelings of worthlessness, moodiness and depression, and learning problems. The number of children who were described as being well adjusted was small enough to be regarded as the exception. While these data were collected for learning and teaching rather than for research purposes, they confirmed our growing feeling that we must know more about the children placed for long-term foster care if this care is to be given intelligently. The answer to how to help the placed child adjust to the reality of placement can come only through understanding the individual child's psychological reality, which determines his use of the living situation provided him.

The immaturity, emotional instability, or mental illness of the parents of many children placed for longtime care precludes the likelihood of satisfactory mothering prior to placement. Many of the families whose children require longtime foster care have for generations been deprived, and the legacy of the newest generation is repeated faulty mothering and "poor feeding" in early infancy.⁴ Melanie Klein,⁵ Edmund Bergler,⁶ John Bowlby,⁷ and others have contributed to the understanding of the infant's very early experience with the mother (or mother substitute) upon whom his life depends. How the baby is fed, comforted, and cared for in this early oral period of development provides important clues to understanding his later development.

It is commonly observed that children in longtime foster care often have a pervading sense of worthlessness as well as a feeling of having been placed because of their badness. On a deeper level their fantasies often reveal the feeling of unworthiness to be fed, loved, and cared for. The very fact of placement, then, is frequently regarded by the child as proof of his unworthiness.

⁴ John A. Rose, "The Emotional Deprivation Cycle and Social Progress," unpublished manuscript, 1958.

⁵ Melanie Klein, et al., "The Mutual Influences in Development of Ego and Id: Discussants," *The Psychoanalytic Study of the Child* (New York: International Universities Press, Inc., 1952), Vol. VII.

⁶ Edmund Bergler, *The Basic Neurosis, Oral Regression and Psychic Masochism* (New York: Grune and Stratton, Inc., 1949).

⁷ John Bowlby, "Grief and Mourning in Infancy and Early Childhood," *The Psychoanalytic Study of the Child* (New York: International Universities Press, Inc., 1960), Vol. XV.

Reciprocity in the Mother-Infant Relationship

Keeping in mind that many children living in longtime care are separated from immature, neglectful, and sometimes mentally ill parents in infancy and early childhood, it is evident that many have suffered severe emotional trauma at a period when the groundwork is being laid for the development of the ability to love others, in other words, for the development of object relationships.

Therese Benedek provides an interesting frame of reference for thinking about the reciprocity in the mother-infant relationship.

"The mother's gratification in satisfying her infant's needs as well as her frustration when she is unable to do so affect her emotional life and again reciprocally that of the child. . . ."⁸

Benedek states further that the positive balance of the mother-infant relationship leads to confidence in the child and to self-confidence in the mother. When the balance is negative, the frustrated infant frustrates the mother, in whom a regression is induced. To quote:

"The regression stirs up in the mother the preverbal memories of the oral-dependent phase of her own development. If the recathexis of the infantile relationship with her own mother activates in the mother confidence and hope, she will overcome the actual disappointment and frustration, secure in her wish to love the child and to take care of him as she herself was loved and cared for. But if the crying fits of the infant or signs of his feebleness stir up not only justified concern, but beyond this, anxieties which originate in the mother's oral-dependent conflicts, the psychodynamics of the mother's response can best be formulated by stating that both levels of her identification, that with her mother and with her child, turn negative. This means in terms of herself that she becomes the 'bad frustrating mother' of her child as well as the 'bad frustrating infant' of her mother again. In terms of the infant it means that the 'bad frustrating infant' becomes the irreconcilable 'hated self'; and at the same time her infant now becomes, as her mother once was, the needed and feared object."⁹

Many children in longtime foster care have suffered emotional (and sometimes physical)

⁸ Therese Benedek, "Parenthood as a Developmental Phase," *Journal of the American Psychoanalytic Association*, July 1959, p. 392.

⁹ *Ibid.*, p. 396.

Some Psychological Determinants

deprivation during the oral period. Among the cases reviewed in our agency, the degree of satisfaction for mother and infant during this early period appears to vary but rarely seems mutually satisfactory.

Perceiving Significance of Behavior

Since many children who have been in foster homes for a number of years have repetitive problems in relationship, we must develop eyes to see the early dynamics of the mother-child relationship as a cornerstone in the child's subsequent development. The more clearly we perceive the significance of the child's beginning, the clearer the understanding of later behavior. Not infrequently, when children are first brought to the attention of a placement agency, the only clues to early experience are in present behavior and "quality of being." Stealing food, overeating, masturbation, and head-banging are common symptoms of placed children, which should alert the practitioner to the importance of further exploration into the meaning of this behavior. Even more difficult to understand is the commonly designated "ego deficit" seen in so many of these children. This lack, or deficit, is pathetically illustrated by an eleven-year-old girl recently referred to the Children's Aid Society of Pennsylvania for *adoption* placement *sans* "past." The child was found sleeping in an automobile. She had never been to school and gave little information about the adults who cared for her. So carefully had she learned to make up the "deficit" by mirroring the wishes of adults about her that a year's study of the child was required to understand her and decide upon placement in a small group foster home. The prognosis for her development is not good.

While there is no good substitute for a well-thought-out intake process, there are, unfortunately, many children who have been in foster care so many years that their early experiences cannot be historically reconstructed in a true sense. However, the emotional residue which is repeated in current relationships provides, at least, the foundation for a working hypothesis regarding the origin of the child's psychological problem. Often a child's feeling of oral deprivation is expressed

directly in such symptoms as stealing or hoarding food. Sometimes the reaction to ambivalent mothering is vomiting before or after a visit with the parent. But frequently, especially in older children, the effects of problematic early mothering by the natural parent are more indirectly expressed, harder to understand in depth, and still more difficult to deal with. The retort of older children, "What do you expect? I am an agency child," is not uncommon. While on a superficial level this statement may appear to be an excuse for irresponsible behavior, it should alert the practitioner to the deeper meaning; that is, "I am a nobody. Who wants to feed (love) me?" As Benedek stated:

"I am good because she [mother] sees me as good and treats me as good; I am bad because she is bad to me and she sees me as bad. These details about the psychology of identification were implicit in Freud's concept of the development of self-esteem as a precipitate of infantile relations and early oral identification."¹⁰

The unconscious residue of deprivation can be seen in the child's behavior regarding food, affection, closeness to others, and physical symptoms. The child's unconscious fantasy of being too greedy, of wanting too much, is more deeply buried. Usually, the older the child, the stronger the defenses against uncovering the fantasy. Seriously deprived children are not only fearful of not being cared for but are often very guilty about the need to be fed and loved. These dual emotions can account for the direction of love toward the self rather than toward others, the fixation of attention by the child upon his body, and his belligerence toward others. In other words, there is a faulty development of the child's ego, especially in regard to his object relationship.

Foster Parents Need Understanding of Child's Problem

If it is assumed that, generally speaking, children placed for longtime care have inadequate mothering from their natural parent, then the planning of placement and the treatment of the child assumes a clearer direction. The focus is upon helping the child with his

¹⁰ *Ibid.*, p. 392.

inner psychological processes and upon finding an appropriate living situation. Both his inner and his outer realities require attention.

For the young child, the foster mother's handling of the daily routine tells him whether she is secure as a substitute mother, understands him, and is to be relied upon. How he is fed, cared for, played with, and comforted may determine whether his basic problem is further entrenched, modified, or overcome. The core of the casework relationship with the foster parents forms around helping them to understand the child's problem and his responses to their care of him. For example, one foster mother, in discussing what she had learned at a group meeting of foster parents, said: "It helps a lot to know that the reason Joey took the jam was that he was so guilty about stealing the money, he had to feed himself." Her compassion for this child was increased by the expansion of her knowledge; her management of the situation was strengthened by deeper comprehension.

Educating Foster Parents

Foster parents need insight of a kind that can be digested and used in a family setting. The need for the education of foster parents in general suggests the importance of an agency plan for such education. If this kind of responsibility for the education of foster parents is assumed by the agency as a whole, it relieves the caseworker of total responsibility for the foster family's connection with the agency and enables her to direct her efforts in behalf of individual children. In this way, the agency as a whole assumes responsibility for implementing the job of the foster parent.

While it is not my intent to discuss work with foster parents, mention should be made that the greater the understanding of the life experience of the foster parents, their strengths, and problems, the more intelligently they can be selected for the care of specific children. The following quotation is appropriate:

"Adelaide M. Johnson in several publications calls attention to the fact that the child's ego seems to be weakest in those areas which correspond to unresolved conflicts of the mother, father, or significant parent surrogate. This

means that the transactional relation between parent and child evolves relatively smoothly until the child reaches the developmental level at which the parent, because of his own developmental conflict, is unable to respond to the child according to the accepted cultural standard and therefore becomes insecure with the child. The child feels the parent's insecurity and interprets it as weakness. This diminishes the child's sense of protectedness, which in turn increases his anxiety. The anxiety motivates the child's regression which serves as a defense against emotional isolation by increasing the demand for the parent's protection. Thus a regressive interaction develops."¹¹

While the foster family obviously is not responsible for the child's beginning prior to his placement with them, it may well be that, in some curious way, the child with a given problem is placed with foster parents who have the counterpart of the problem. It is worthy of note that foster parents often ask for a child of a given age. Some ask for a child who is beyond the age at which their own problems in growing up were most intense. Others ask for a child just at the age at which she (or he) had the greatest problem. Often, in foster families in which children have been living for a number of years, all is smooth until adolescence, and at that time, the interaction becomes alive with fear on the part of the foster parent that the child will not develop in an acceptable way. Of course, the reverse is also true; often foster parents unconsciously condone the child's "bad" behavior and act out through him vicariously.

It is important, therefore, in the home study to be aware of the defenses of the foster parents and what these defenses may indicate regarding their inner psychic life. Knowledge of the meaning of these defenses is crucial in learning to work with foster parents in a way which is egosyntonic and yet, at the same time, geared toward more awareness of their feelings and reactions toward foster children cared for by them. This approach is the means toward the selection of the best possible home for a given child and the most enlightened kind of casework practice. The problem of recruiting foster

¹¹ *Ibid.*, p. 403.

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REACHING DECISIONS TO INITIATE COURT ACTION TO FREE CHILDREN IN CARE FOR ADOPTION*

E. Kathryn Pennypacker

Chief
Bureau of Social Services
Department of Public Welfare
Wilmington, Delaware

Delaware agencies have developed an Inter-Agency Committee to discuss problems related to initiating legal actions and to work with the courts as a unified group of child welfare agencies.

INHERENT in the phrase "free children in care" is the idea that these children have lost their own parents and their identification with their own families for causes such as the failure of their natural parents to support, to visit, or to plan for their return home. They are the children in foster homes and institutions for whom we have continued to provide care year in and year out hoping against hope that they will some day be able to return home. At the same time we have been trying desperately to help them adjust and put down roots in their transplanted environment. They are children with families in name only.

I shall attempt to set forth in a limited way some of the reasons why I believe we have not taken as much responsibility as we should for providing services that will free children in care for adoption and to describe how we are now working toward this goal. I will be drawing on the knowledge that has developed out of our experience in Delaware in this area of practice within the past decade, as well as what I have learned about developments in other states in this region.

Shift in Thinking

During the decade just past there has been a basic shift in our thinking from "children in need of foster homes" to "children in need of parents." The extensive study by Henry Maas and Richard E. Engler, Jr. incorporated in the book entitled *Children in Need of Parents*¹ epitomizes this shift in our thinking and puts it into focus. In 1950 we accepted without much question

the premises that parents have a right to their children, willy nilly; that when children are removed from the care of their own parents, voluntarily or by court order, the child welfare agency should place them in foster homes whenever possible so that they could grow up in homes that were the best possible substitute for their own homes; and that as long as the child remained in care, every effort should be made by child welfare workers to maintain and sustain a relationship of the child with his own family. No termination of this relationship was usually considered.

Social workers have been most reluctant to take responsibility for severing the ties of children with their natural and legal parents. It has taken a long time, a lot of heart-searching, and some painfully acquired knowledge of what has happened to children who have lost their sense of identity for us to venture to initiate a process that would end in permanent, legal separation of a child from parents who had in reality abandoned him to the care of the agency and who had lost their own sense of parental responsibility for him.

Defining the Child's "Inherent Rights"

Articles in popular magazines, of which there have been many in the last decade, have attacked our practice of keeping children in foster care indefinitely and have pointed out how this practice deprived families of the opportunity to adopt children. At first we were defensive of our practices, but I believe we have to say that this glaring publicity was one of the stimuli that made us begin to examine more closely what we were doing. Our professional concern

* Given at the CWLA Eastern Regional Conference, New York City, April 21, 1961.

¹ Published by Columbia University Press, New York, 1959.

focussed primarily on what was happening to children in our care and helped us to work toward a more balanced approach to a solution of the dilemma created by the time-honored concept of the rights of parents versus the concept of the best interests of the child. We found then that we had not been serving the best interests of the child in all of our practices. The pledge of the Mid-Century White House Conference on Children and Youth—"We will work to conserve and improve family life and, as needed, provide foster care according to your inherent rights"—took on a new dimension of meaning. The child's "inherent rights" certainly could mean his right to a permanent, secure family of his own, if not with his natural parents, then one which he could have through adoption in as many instances as possible.

To accomplish this, two basic approaches were necessary: (1) a change in agency policies which would support staff in a change in practice and (2) a change in statutory law or interpretation of existing statutes which would enable staff to carry through on a plan to legal adoption whenever this plan was believed to be in the best interests of the children. We could move on our own initiative in the area of revising policy, but the legal obstacles in the way of achieving this goal could not be removed without participation by the judiciary and the legal profession, nor without the support of our communities. We had to be involved in both processes.

Policy revision in the 1950's is well illustrated by a statement in the Maryland Manual of Procedures for Public Welfare Services, which I quote as follows:

"The Department will endeavor to protect parental rights in the interest of both parent and child. However, when the parent is unable to reach a decision which his circumstances or behavior indicate as best for the child, the Department will accept the responsibility of petitioning the court for guardianship of the child, with the right to consent to adoption without the agreement of the parents to this plan. This might be necessary in the case of the abandoned child, the neglected child, the child in foster care whose parents reveal no sustaining interest in the child or foreseeable plan for establishing a home for him, or the child whose parent or parents are mentally ill.

"Such action will be taken only after parents have been given the opportunity to overcome their incapacities through the use of the services of the Department and the community or by their own efforts alone. On the other hand, the Department will carefully evaluate such cases so that the right of a child to a permanent family home will be protected."

This policy clearly places upon child welfare workers the responsibility for providing a service to parents that might end in the return of children to their own family home. When this proves impossible, they must evaluate the situation so that "the right of a child to a permanent family home will be protected." The decision that is reached after such an evaluation will lead social workers to procure a voluntary consent to adoption from the parents, if such can be obtained, or to initiate court action so that the child can be legally free for adoption.

Initiating Court Action

Social workers are traditionally reluctant to go to court. It is hard for us to take the risk that a judge may not accept our decision as socially sound and may deny the petition. Since many of our statutes are subject to so much variation in judicial interpretation, we hesitate to initiate court action because we can never predict how it will end. For a court to bend over backward to protect the rights of parents and apparently fail to recognize the best interests of the child seems to us to be a denial of our professional competence and the integrity of our service to both the parents and the child. If we are to succeed in our efforts to find a "permanent home for children in need of parents," we have to come to grips with these problems. In regard to the legal approach, we are implementing our concern in the following ways:

1. Public welfare departments in this region have sought opinions of attorneys general to clarify existing statutes so that agencies could feel free to take court actions.
2. Some public welfare departments and voluntary agencies have taken cases to court as test cases or have appealed decisions of lower courts in order to establish judicial precedents.

3. Public and voluntary agencies have collaborated with colleagues in the legal pro-

ession in the support from citizen group ment of clation. For

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tion in the preparation of legislation. With support from their boards and other interested citizen groups, they have secured the enactment of clarifying legislation or of new legislation. For example:

In New Jersey, the Board of Child Welfare sought the opinion of their attorney general to interpret the section of their law regarding "scope of guardianship." Mr. G. Thomas Riti of that state agency informed me that "By Formal Opinion No. 12, 1959, our New Jersey Attorney General has ruled that an order pursuant to this section, placing a child under the guardianship of our agency, is intended to vest in our agency, rather than in the parents of such a child, the power to consent to an adoption and is, therefore, 'an order terminating parental rights and granting guardianship of the child to such approved agency' within the meaning of the New Jersey Adoption Law."

In Maryland, an opinion of the Court of Appeals, filed June 19, 1958, upheld the decree of the Circuit Court of Baltimore City appointing the City Department of Public Welfare guardian of a minor with the right to consent to adoption. The opinion was based on a section of the law which provides that the court may grant a petition for adoption without parental consent "if, after a hearing, the court finds that such consent or consents are withheld contrary to the best interests of the child."

In New York, the 1959 legislation on the "permanently neglected child" resulted from the concern of some New York City agencies for children whom they had not been able to free for adoption by use of existing laws.

In 1960, the Virginia Department of Welfare and Institutions sought clarification of statutes related to the powers of public and private agencies to consent to the adoption of children committed to their care. The Department's proposed amendments, designed to clarify the right of agencies to make adoption or other permanent plans for a child separated from his parents, were passed.

From this point on, the experience in my own state will be used to illustrate what has to go into this serious business of reaching decisions and modifying our practices. The process has involved us in administrative decisions, legislative enactment, interagency co-operation, collaboration with the legal pro-

fession, and, finally, the development of a practice by social workers which requires them, in their work with parents and children, to evaluate and decide whether court action is essential for the best interests of the child. Since 1949 these various means have become so intertwined that it is impossible to separate them too clearly at this point.

Termination of Parental Rights Statute

In that year the public and voluntary agencies jointly agreed that the State of Delaware needed a new adoption law. In the process of discussing a proposed statute with attorneys and members of the judiciary, it was decided that a companion piece of legislation was essential. This statute, entitled "Termination and Transfer of Parental Rights in Connection with Proceedings for Adoption or Placement for Adoption," was enacted in its original form in May, 1951. The grounds for termination of parental rights that are pertinent to this paper are:

1. "Any child has been abandoned;"
2. "The parent or parents of any child, or any person or persons holding parental rights over such child, are incompetent by virtue of mental illness or feeble-mindedness;"
3. "The parent or parents of any such child, or any person or persons or organization holding parental rights over such child are not fitted to continue to exercise parental rights."

The last reason is the one on which attention will be focussed, since it is the one which we were slowest to use as the basis for a petition to court. It is the one which places the greatest responsibility on the social worker to evaluate and reach a decision to act in behalf of a child who has been in care for some time. Abandonment can be proved factually; incompetence "by virtue of mental illness or feeble-mindedness" can be proved by psychiatric testimony; but unfitness "to exercise parental rights" involves a social judgment not easily or lightly made by social workers or traditionally accepted by courts.

Agencies Examine Cases in Committee

The original Inter-Agency Committee to prepare new adoption legislation has been ac-

tive since its formation in 1949. After the adoption and termination-of-parental-rights laws were enacted, the committee met regularly to share experiences; to plan statewide interpretation of the statutes to the medical, nursing, and legal professions, as well as to school and hospital personnel; to consider proposals to amend the statutes on the basis of our experience; and to discuss with judges and attorneys questions related to the administration of the law.

The importance of the Inter-Agency Committee in helping all of us reach administrative decisions to initiate court action to terminate parental rights on the grounds of "unfitness" cannot be overemphasized. In 1957, tentative beginnings were made in this direction, and during 1957 and 1958 a handful of such cases were presented to the Orphans' Courts.

One of the first actions of this kind was taken in behalf of the youngest child of a family of eleven children that had been known to agencies and hospitals since 1939. Eight of these children had been committed to the custody of the Department of Public Welfare in 1949, when the mother was admitted for the second time to the State Hospital for the Mentally Ill and the father was admitted to a tuberculosis hospital. Sally, the youngest child, was born after her mother's admission to the hospital. The mother remained in the hospital, and her infant daughter was placed in a foster home. The father left the tuberculosis hospital against advice in February, 1950.

Shortly after the baby's birth both parents were interviewed to explore their willingness to release her for adoption. They both refused consent. For nine years this child lived in an agency foster home while her father refused to consider giving his consent for adoption. He visited his children infrequently. He paid \$10 per week support for all of his children who were in care only after ordered to do so by the court. He made no plans for providing a home for Sally. In the meantime, the child's foster parents pressed the Department to adopt this little girl who had grown up in their home. Sally's contacts with her siblings and occasionally with her father seemed to have no positive values for her and she resisted such visits as she grew older, becoming physically ill and emotionally upset when they were scheduled. Finally, in 1958, after the County Supervisor had participated in the discussions of the Inter-Agency Committee, court action was initiated to terminate parental rights. Fortunately

for Sally, the petition was granted and she was later adopted.

Another case taken to court in this early period by the Catholic Welfare Guild was one involving the second child of an unmarried mother. She had signed consent for the adoption of her first child, but refused to release the second child voluntarily. She had been committed to a training school for delinquent girls, but became pregnant the second time during a period when she ran away from the institution. When she refused to sign a release for her baby daughter, the agency initiated court action on the basis of unfitness describing "social, moral, and mental inadequacies" substantiated by a report from the training school. This child was freed for adoption within a year after her birth.

Interpretation of Unfitness by the Courts

In spite of these initial "successes" in using unfitness as the grounds for termination of parental rights, the committee had many qualms. An excerpt from the minutes of the meeting on October 15, 1958 illustrates this vividly:

"There was considerable discussion regarding the experience of the three agencies in securing termination of parental rights on the grounds of unfitness. Mr. S. has sent around a memo regarding a Department of Public Welfare case in which [a court] did terminate parental rights in spite of the fact that the father was actually represented in court and had not literally abandoned the child according to the legal definition. . . . The father over a period of several years had maintained the minimum amount of contact to preclude legal abandonment, but [the court] apparently had interpreted this as evidence of unfitness. Miss K. reported that the Department of Public Welfare has gone into court in a few instances with encouragement from [the court] in order to secure termination of parental rights on the grounds of unfitness. In these few instances, there has not been too much tangible evidence of unfitness, but a considerable past record of irresponsibility on the part of parents. The two Department of Public Welfare cases referred to today have involved older children whose foster parents were wanting to adopt them and the agency has not yet asked the court to terminate parental rights over all the children in these respective families. Miss K. felt the [court] might be more inclined to terminate parental rights on unfitness where there was an immediate adoption plan for the child, such as

adoption by the foster parents. It was the general feeling of the committee that there was need for the exchange of information [among] the agencies in favorable decisions on the part of the three courts terminating parental rights on the grounds of unfitness. . . . It was agreed that court decisions relating to the termination of parental rights[. . .] particularly in the case of unfitness, be summarized and sent to the other agencies in memo form. There was some beginning discussion today of whether . . . the agencies could be more courageous in seeking termination of parental rights on the grounds of unfitness."

Three months later, at a meeting called to discuss with the judges certain changes in court procedure, the committee requested discussion of the use of the "unfitness" clause in the statute. The committee wrote as follows:

"Unfitness — What interpretation can the judges give as to how this part of the law can be used? We are reluctant to press for termination on these grounds, but at the same time, we feel we have been remiss in not attempting to provide a permanent adoptive plan for some children whose parents seem unable now, or in the future, to offer them a home and an opportunity to develop into creditable citizens."

This meeting was attended by representatives from the committee, agency attorneys, and three judges. The outcome of the discussion was summarized as follows by the secretary of the meeting:

"If, in the judgment of the agency, the parent is unfit, the agency should not hesitate to present a petition.

"There may well be instances where the agency will present a petition covering only the younger children in a family, although there are older children whom the agency permits to return to their parents notwithstanding the parents' unfitness. This circumstance may arise when the older children could not benefit from an adoptive home or from termination of parental rights under the circumstances."

Summary

One judge's encouragement of the use of the unfitness provisions of the statute bolstered our courage considerably, and in the two years since that meeting the agencies have incorporated into practice an evaluation and decision-making process that leads to court action in many more cases and with good results. Several facets of this development deserve mention:

1. Children who have been in care for years and are now ten or twelve years old have been freed for adoption and actually adopted.

2. When parents who have refused voluntary consent are told of the agency's decision to take court action, they frequently sign the necessary legal papers rather than appear in court, or make no attempt to resist court action, because when the judge makes a decision they cannot be accused of "giving their child away for good."

3. There is an encouraging increase in the willingness of staff to risk a test of their professional competence and conviction in a court hearing.

4. More and more attention is being given to the needs of younger children in large families, where agencies have determined that parents may be able to care for two or three older children who are returned to their own home, but would not be able to provide adequately for all of their children. Decisions have been reached to seek release of the younger children, and in some cases consents have been procured voluntarily after patient work with parents; in others, court action has been initiated and carried through.

5. Caseworkers are developing considerable skill in evaluating the social and economic factors in the family situation and the characteristics of parents which indicate an inability or unfitness to carry a parental role for their children in a responsible way. This means that at a crucial period in a child's life, when he needs a secure relationship in order to protect his "inherent rights" to normal growth and development, he is freed for adoption.

6. There has been a marked decrease in the length of time agencies have taken to reach decisions that would result in the termination of parental rights.

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problems every agency has with dropouts. However, it has served, and continues to serve, this agency well. While social workers are in the midst of a self-analysis of social work and have a growing concern about their effectiveness in helping, we feel we have found some of the answers in a process which clearly defines the role of this particular agency and its caseworkers. We are convinced it is one way of turning an applicant into a client.

CASELOAD ANALYSIS IN A PUBLIC CHILD WELFARE AGENCY*

William P. Lentz, Ph.D.

Chief of Planning and Development
Division for Children and Youth
State Department of Public Welfare
Madison, Wisconsin

ANY agency, public or private, engaged in providing casework services is continually confronted with the problem of evaluating those services. Inevitably several questions are asked about caseloads. How large a caseload can a given caseworker carry? If an agency has a given number of workers, how may the workload be efficiently distributed? Regardless of how one attempts to answer these questions, the aim is generally to make the most efficient use of those workers who are available to provide the casework services.

An auxiliary question, and frequently the most important one, concerns the adequacy of staffing in order to carry out the agency objectives. How many caseworkers are needed to carry on a given level of operation? This is most frequently a problem for agencies that are expanding their services, but it is probably, in some degree, a major concern for any service agency. The usual attempt to provide a solution has been to establish a standard, or average, caseload to be used as a yardstick in determining needs. Such standards have, however, rarely provided a solution.

The Experience of the Division for Children and Youth

The Division for Children and Youth of the Wisconsin State Department of Public Welfare has long been concerned with these problems. Since it is an agency offering a wide variety of child welfare services, considerable difficulty was encountered in using averages for caseload management purposes. Such averages did not reflect the total scope of casework services provided, nor did they serve as an effective

Personnel needs and the size of caseloads can be determined realistically by establishing workloads based on work units.

base for determining future personnel needs. Caseload averages also offered little interpretive information in support of budgeting to meet the needs of the agency.

In view of this experience, the Division turned to a more formal analysis of the problem with the following specific purposes: establishing caseload weights, developing caseload management procedures, and developing a performance budget.

The starting point in approaching the problem was the Children's Bureau publication *Suggested Classification of Services in a Public Child Welfare Program*.¹ The staff of the Division for Children and Youth recognized the general utility of such a classificatory scheme, and efforts were made to adapt it to the Division's operations. In addition, the Bureau of Government of the University of Wisconsin provided personnel to collect the needed data and to provide technical assistance. A project committee was formed and planning was begun.

The project committee began by defining work units that would apply to the Division's operations. Each unit was defined in identifiable blocks of work to be performed. Thus, the unit "foster home inquiry and screening" begins when the worker receives a request for a foster child or an inquiry from a prospective foster parent, or when the worker initiates an inquiry or is asked by another agency to contact a family believed to be prospective foster parents. It ends when the applicant withdraws his inquiry or when the worker decides to make a foster home study. The unit "foster home study" begins when the worker decides to make a study. It ends when the applicant

* This is Dr. Lentz's second article based on the cost study made by the Wisconsin Division for Children and Youth. The first article appeared in *CHILD WELFARE*, May, 1961.

¹ U. S. Department of Health, Education, and Welfare, Social Security Administration, Children's Bureau, Washington, D. C., 1959, *passim*.

withdraws or the decision is made to license the home. Definitions such as these permit the worker to designate, at any time, the particular unit receiving his attention during the course of the working day.

The Project Is Launched

The University of Wisconsin staff developed a modified work sampling procedure for gathering the data from the Division's caseworkers and supervisors who were located in district offices throughout the state.² This procedure provides for random self-reporting on daily schedules of work performed at any given time. The advantage of this method is that it lacks the drudgery of ordinary time study procedures but still provides adequate data for purposes of analysis.

The data were collected during a thirty-one day period in April and May of 1959. This period was chosen because it was typical of the Division's operations in terms of the number of workers on the job, the number of cases served, and the amount of service provided. Pretesting of the schedules in one district and general orientation of staff preceded the study period; follow-up and further orientation in all districts continued during the study period.

Several methods were introduced to provide added data and to improve reliability. For any given work unit the worker also checked the appropriate activity pertaining to it, i.e., interviewing, telephoning, recording, or other type of work activity. Lists of cases for which each worker assumed responsibility were also submitted. On another form, the worker tallied the work unit frequency for each child. In addition, the number of units opened and closed during the study period was recorded. The use of these additional forms permitted crosschecking with the work schedule form for consistency in making entries and categorizing work activities.

In any child welfare agency there are always those cases which require much more attention from the workers than others. Although this may occur for a variety of reasons, it was decided that the time allocated to these cases

ought to be segregated. These "intensive" service cases were defined as those where regular, planned interviews were held with the child every two weeks or more frequently.

As an additional means of screening out inconsistencies and errors, all forms were tabulated by personnel who were familiar with the district operations in the Division for Children and Youth. These tabulators worked in teams of two, screening a total of 33,000 time observations; each schedule was then edited by one person who was familiar with all details of the study.

Caseload Weighting

It is impractical to describe here all of the data which resulted from this project. Several tables were set up for each district as well as for the entire Division. In some instances adjustments were required. Generally, wherever the data proved to be atypical of the project as a whole, they were eliminated in computing the average (mean) time spent per unit. Table 1 summarizes the data obtained for workers after converting it to a quarterly basis.

TABLE 1
CASE WEIGHTS FOR FOURTEEN WORK UNITS

Work Unit Classification	Quarter-Year Average per Unit (hours)	Annual Average per Unit (hours)
Basic service case weight	5.57	22.28
Intensive service case weight	18.00	72.00
Unmarried mother client weight	14.90	59.60
Suspended service case weight	.57	2.28
Parent service case weight	5.27	21.08
Intake service study weight	2.55	2.55 ^b
Special study weight	7.28	7.28 ^b
Adoptive screening weight	16.43	16.43 ^b
Adoptive study weight	25.72	25.72 ^b
Foster screening weight	5.28	5.28 ^b
Foster study weight	9.16	9.16 ^b
County supervision weight	34.81	139.42
Worker supervision weight	28.90	115.60
Related service weight	Ratio ^a	Ratio ^a

^a Related service weight is expressed as a ratio. Approximately one hour of related service is associated with each three hours of direct service.

^b For all study services, the annual average is the same as the quarter-year average since the unit, the completion of screening, or a study is not related to a specific calendar period.

² Professor Robert Ratner, of the University of Wisconsin, introduced the work sampling method so common to industry. For further information on this method, see W. J. Richardson and R. Heiland, *Work Sampling* (New York: McGraw-Hill, 1957).

This table has limited value except to indicate the distribution of weights among the various work units. It does have some value for the agency, however, in planning. For example, let us assume that the agency is going to take responsibility for a great many additional intensive service cases. Approximately three basic service cases can be served in the same amount of time required for each intensive service case after allowance has been made for related services. The number of additional workers can then be computed. Or let us assume that more adoptive homes will be recruited. Using the adoptive screening and study weights, the number of additional workers needed can be ascertained.

Within a given district, the information given in Table 1 would also be useful. One approach would be to conduct an inventory of the workload distribution among available workers in order to redistribute work units in the most equitable manner. Due recognition can then be given to the worker who functions as a homesigner. As Sobel found in his study of caseload norms, one must think in terms of "workloads" before considering the problems of caseloads.³

The system of weights based on work units or service units, as described by Schwartz, demonstrates the flexibility inherent in this approach.⁴ The system used by the Division for Children and Youth parallels that of Schwartz, with perhaps the added advantage of being more convenient to administer. In addition, these two approaches would seem to possess some advantage over previous attempts at weighing, such as that described by Weisenbarger.⁵

Development of Caseload Management Procedures

From the experience gained thus far in the Division for Children and Youth project, some approaches to caseload management are indicated. The data obtained indicate how caseloads might be revised in terms of the level

³ Louis H. Sobel, "An Approach to Establishing Caseload Norms," *CHILD WELFARE*, February, 1954, p. 17.

⁴ Edward E. Schwartz and Martin Wolins, *Cost Analysis in Child Welfare Services*, U. S. Department of Health, Education, and Welfare, Social Security Administration, Children's Bureau, Washington, D. C., 1958, *passim*.

⁵ Ruth Weisenbarger, "An Agency Experiments with Caseload Weightings," *CHILD WELFARE*, January, 1955.

of operations at the time of the study. They do not, however, provide indications of the general quality of work performed. In this connection, Mencher has pointed out the need to appraise the quality as well as the amount of work performed.⁶ There can be no disagreement that this becomes the central issue of the caseload or workload management problem. At the same time, in terms of the study, it did not appear that a satisfactory solution was readily available.

Social work researchers and casework practitioners have not been able to meet adequately the problem of evaluating casework activity. While it is true that most public agencies have formalized means for rating workers and evaluating their skills, this does not solve the problem. An attack on the problem of evaluation of casework activity might take the following into account:

(1) *Criteria of change:* It is possible to determine whether there has been a change or movement in casework activity and its direction when supervising a child in a foster home. The problem is to develop feasible multiple criteria that can be applied to all possible foster home situations. Each situation is, of course, unique, so that what may be a favorable change in one case may not be in another.

(2) *Classification of problems:* Ideally, the most favorable circumstances would exist if we could specify that with a given foster home situation this or that result should be expected. Thus, we need a classification of problems that takes into account the original diagnosis and, from time to time, the changing prognosis.

(3) *Measurement:* The goals for each problem type should be available to obtain measurement. In essence, the persons making the assessment must be able to say that for classification "x" with goal "y" the case may change in a plus or minus direction and at the same time specify the degree of change involved. Some minimal representation probably is needed with respect to the varying degrees of change in the total situation, e.g., a child in a foster home situation. The actual measurement could consist of the application of such scales by several independent judges.

⁶ Samuel Mencher, "Evaluating Productivity in Social Casework," *Social Work*, April, 1960.

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Caseload Analysis

The above scheme has the advantage of not forcing a judgment of "success" or "failure" and yet provides a means of evaluating casework services. It has disadvantages in that it demands high inter-judge reliability and is an expensive procedure to follow. It is, nevertheless, probably a fruitful approach.

We have been warned of the dangers of equating length of time spent in casework

with quality,⁷ yet the agency's problem (in view of the usual staff shortages) is inevitably linked to time. A worker who takes two hours to do a job may accomplish far more than another who takes six hours and does a job of inferior quality. In managing caseloads, an agency must allocate work according to the

⁷ Weisenbarger, *op. cit.*, p. 7.

TABLE 2
WORK UNITS AND MAN-HOURS
(ACTUAL AND PREDICTED)

Unit Classification	Annual Average per Unit	1960, 1st Quarter		Fiscal Year 1960-61		Fiscal Year 1961-62		Fiscal Year 1962-63	
		Work Units	Man-hours	Work Units	Man-hours	Work Units	Man-hours	Work Units	Man-hours
Basic services	22.28	1,759	39,191	1,799	40,082	1,844	41,084	1,888	42,065
Intensive services	72.00	585	42,120	598	43,056	613	44,136	628	45,216
Unmarried mother service	59.60	27	1,609	28	1,669	28	1,669	29	1,728
Suspended service	2.28	307	700	314	716	322	734	329	750
SUBTOTAL #1	.....	2,678	83,620	2,739	85,523	2,807	87,623	2,874	89,759
Parent service	21.08	372	7,842	383	8,074	392	8,263	402	8,474
Intake service	2.55	860	2,193	884	2,254	908	2,315	932	2,377
Special study	7.28	168	1,223	172	1,252	176	1,281	180	1,310
Adoptive screening	16.43	368	6,946	380	6,243	388	6,375	400	6,572
Adoptive study	25.72	304	7,819	312	8,025	320	8,230	328	8,436
Foster screening	5.28	248	1,309	256	1,352	260	1,373	268	1,415
Foster study	9.16	200	1,832	204	1,868	212	1,942	216	1,979
County supervision	139.42	8	1,114	8	1,114	8	1,114	8	1,114
Worker supervision	115.60	5	578	5	578	5	578	5	578
SUBTOTAL #2	.....	113,576	.....	116,283	.....	119,094	.....	122,014	
Related service	Ratio ^a	37,859	.....	38,761	.....	39,698	.....	40,671	
TOTAL #3	.....	151,435	.....	155,044	.....	158,792	.....	162,685	
Hours per year worked by social worker	.....	1,876	.....	1,876	.....	1,876	.....	1,876	
Number of social workers ^b	.....	80.7	....	82.6	....	84.6	....	86.7	

^a For every three hours of direct service (subtotal #2) one hour of related service is allowed. This ratio of 1 to 3 represents the experience of the Caseload Analysis Project.

^b The number of workers needed to service the workload for each year is obtained by dividing the total number of man-hours (total #3) by 1,876, which represents the average number of hours worked per year by district staff members of the Division.

abilities of the individual workers. In this sense "average caseloads" have little meaning.

The next step for the Division for Children and Youth is to apply the evaluation procedures to its current operations. The probable method will be to attack each work unit separately. Evaluation of foster home screening and study, or of any other unit, should lead to the development of standard units which will be used as the basis for allocating workloads within districts as well as for allocating staff to district offices.

Performance Budgeting

In the spring of 1960 the Division conducted a workload inventory as a preliminary step in developing its budget request. This inventory consisted of a listing by staff of all cases or work units on hand at the end of the first quarter. From these data and previous trends it was possible to project the number of work units anticipated for the biennium 1961-1963. Table 2 gives a breakdown of the work units and the man-hour needs projected over the budget period.

The advantage of this type of budget request lies in the manner in which it portrays the work to be done. It reflects nearly all aspects of service and provides for a ready conversion into positions required to perform the work. Thus, an agency can set standards and modify practices and still apply the basic data. This should enable an agency to set up desirable goals and translate them into personnel needs. An added advantage of performance budgeting lies in the program interpretation which must flow from the data.

Summary

Any agency must inevitably analyze its caseloads if it is going to evaluate its procedures adequately. The problems of using average caseloads led the Division for Children and Youth to develop a project which measures work accomplished according to specific work units and also in terms of the type of activity involved. Data were collected by means of a modified work sampling method.

Analysis of the work unit material provides the means for assigning caseload weights and abandoning the traditional average caseload

figure. The data also yield information which permits the development of a performance budget. This material was used in the Division's 1961-1963 budget request, with all of the flexibility and advantages that accompany such a procedure. The information available does not, however, measure the quality of work performed, an element which must eventually be considered in caseload management decisions. The Division for Children and Youth will, after evaluating casework procedures on a unit-by-unit basis, attempt to establish standards for each type of unit. Hopefully, this will lead to the development of adequate caseload management procedures.

Lawder

(continued from p. 10)

homes can probably be lessened to some extent by finding a more successful method of working with the foster parents who are available to care for children. We have only scratched the surface in providing education for foster parents and in finding methods which help to expand the egos of foster parents as they perform their important duties in caring for children. We cannot expect them to love all children; we can, however, expect them to be willing to learn to work and to be a part of the agency's endeavor to treat each child in such a way that his ego functioning grows healthier.

Summary

In order to help children in longtime foster care, we must go deeper in our understanding of the origin of their problems and evolve more effective treatment methods. The foster child's image of himself, whether it is conscious or deeply buried in the unconscious, must change from that of being unloved and unfed to that of being cared for, comforted, and fed if he is to become healthier. Otherwise, deprivation remains the motivating force in the child's growing years, and if it does, he has little hope of arriving at adulthood with a measure of integration and confidence.

* Given
New York City

COUNSELING AFTER LEGAL ADOPTION*

Rigmor E. Erickson

Casework Counselor
Arthur Lehman Counseling Service
New York, N. Y.

Adoptive parents and their children have personality difficulties and problems in family interaction similar to those of natural families, but they have a different area onto which they can project their troubles.

To adopt means to accept, to take as one's own. Many couples are able to adopt, to accept, and to take as their own children who were conceived by others, and they are able to do so with a minimum of disturbance to themselves or to their children. This group, which is relatively free of conflict, represents the overwhelming majority of adoptive families, but it is not the group with which this paper deals. We are, instead, concerned about that smaller group of families who find themselves in trouble and seek counseling after a child has been adopted into the family. The Arthur Lehman Counseling Service recently made a review of thirty-five adoptive families who had sought counseling. While it is generally agreed among our staff that there is no remarkable difference in symptoms presented by adoptive families, nor in the therapeutic approach used with them, compared with those presented by families with natural children, the factor of adoption does give an added dimension for exploration and resolution in counseling. It is this added dimension that we want to examine.

Elements of the Added Dimension

There are several elements of the added dimension that appear repeatedly in counseling with adoptive families. These elements include a tendency to blame hereditary factors as the cause of problems, a lack of crystallization in the child's identification process, a curiosity about and preoccupation with the image of the natural parents, a rekindling of parents' problems about their own infertility, early parental attitudes of overpermissiveness and awe about the child, and a tendency to overstress verbal expression of love and acceptance. Each of

these factors flows from the fact that there once was another set of parents, the natural parents, who in a disarming way do cast a shadow on the child's and the adoptive parents' future lives. Unwittingly and unwantedly the spectre of those who actually conceived the child remains in the background. Some combination of the above factors was noted in each of the cases with which our agency has worked, and they have also been observed and commented upon by others.¹

Steve Smith

While asking the reader to bear in mind the above factors which appear so frequently in adoptive families, I shall present one case illustration in some detail in order to have a "flesh and blood" reference for the later elaboration of the "added dimension" to which I referred.

A few years ago, the parents of three adopted children applied to ALCS for treatment of the oldest child, a boy of nineteen. Steve did not want further schooling nor did he want to work. He just wanted to be "left alone" and to have a good time. If he had to work, he thought he might become a taxi driver, a job which was decidedly at odds with the standards of his parents, who were both professional people. There

¹ See, for example, Howard G. Aronson, "Evaluating Adoptive Applicants," *CHILD WELFARE*, February, 1955; Marion J. Barnes, "The Working-Through Process in Dealing with Anxiety Around Adoption," *American Journal of Orthopsychiatry*, July, 1953; Viola W. Bernard, M.D., "Application of Psychoanalytic Concepts to Adoption Agency Practice," in *Psychoanalysis and Social Work* (New York: International Universities Press, 1953), pp. 169-209; Viola W. Bernard, M.D., "First Sight of the Child by Prospective Parents as a Crucial Phase in Adoption," *American Journal of Orthopsychiatry*, April, 1945; Helene Deutsch, *The Psychology of Women*, Vol. II (New York: Grune and Stratton, 1945), pp. 294-433; Bernice T. Eiduson and Jean B. Livermore, "Complications in Therapy with Adopted Children," *American Journal of Orthopsychiatry*, October, 1953; Barbara Judkins, "Adoptive Parents in a Child Guidance Clinic," *American Journal of Orthopsychiatry*, April, 1948; Ruth Michaels, "Casework Considerations in Rejecting the Adoption Application," *Journal of Social Casework*, December, 1947.

* Given at the CWLA Eastern Regional Conference, New York City, April 20, 1961.

were constant arguments at home. Steve's refusal to prepare himself for a life independent of the family confirmed his parents' view of him as incorrigible. Ever since he was eight, they had been seeking treatment for him because of his surliness, delinquent tendencies, and hostility toward his parents. He was radically different from his parents and his sister; he didn't seem to fit into the Smith family. He had had three previous therapists, the longest period of treatment lasting a little over two years, and that terminated when he engaged in a sexually delinquent act. At the time of application, the parents felt defeated and humiliated, while Steve put on a show of bravado and surliness.

Because of the boy's age and the intensity of negative feelings, the parents and Steve were assigned to different counselors. From the beginning, Steve stated that the problem lay not within him, but rather with his parents. They were the ones who needed to change. He wanted them to permit him to do as he pleased, to let him drive fast cars and come and go as he pleased, and to stop badgering him about being more responsible. Steve did not want to discuss his problems or his unhappiness. He tried to appear cynical and indifferent, but spoke enough of his early life to indicate that he had suffered a great deal of deprivation, rejection, and feeling of alienation from his family. It hardly seemed possible that he could have been a "wanted, adopted child" as stated by his parents. It was evident that Steve had been made to feel that his aptitudes and personality were being developed painfully by his parents and that he, himself, had little to offer.

Although Steve accepted that his father had had to stand over him with a strap as he did his homework because he was such a poor student, he also resented it. He felt scornful of his father, whom he considered submissive to his mother, and he sensed his father's competitiveness with him. Steve's relationship with his mother was even more complex; on the surface, it, too, was fraught with anger, but underneath there seemed to be some unresolved, infantile tie. Steve seemed to have severe difficulty in delineating himself as a person. In his childhood, much feeling of love for him had been expressed by his parents, but it appeared to have been done in a mechanical, overintellectualized way. His inability to accept his parents' standards appeared to stem from the fact that he had not been able to move close enough to them to make an identification. Steve could not permit very much closeness with his caseworker, who many times reached out to him as he seemed about to withdraw from contact. After being seen for half a

year, Steve refused to continue treatment. He emphasized again that his parents needed the help and he stopped coming.

Mr. Smith had terminated treatment even before Steve did, but there was no evidence to indicate that this was a major factor in Steve's withdrawal. In a brief contact, Mr. Smith had reached much understanding of his resentment of Steve and had found relief from his long-standing insomnia. He discovered that he stayed awake at night not only out of fear that Steve, who was out much of the night, might do something to shame the family, but also because he was afraid that Steve might try to hurt him. There had previously been a reality incident of Steve's trying to physically hurt the family. In addition to this, however, Mr. Smith had been preoccupied with the fear of being hurt and humiliated since childhood, when he, himself, had been repeatedly teased and attacked by older boys. Thus, any show of crudeness or roughness in Steve revived these earlier memories. Mr. Smith was able to air with his counselor his disappointment and hatred for Steve. He wanted to blame the boy's problem on heredity and used as evidence the fact that Steve's natural father had been a taxi driver, whom he surmised had probably also liked fast cars and had little ambition. He had not been aware of how his feelings might have been interpreted and transmitted to Steve.

Once Mr. Smith became less frightened of Steve, he began to notice some of his inconsistencies in setting standards, such as allowing Steve to be irresponsible about money spent on cultural pursuits and being harsh about other expenditures, and in expecting respect and attention from Steve while Mr. Smith constantly interrupted and belittled Steve's comments. Mr. Smith was then able to permit Steve to remain in the home providing certain minimum standards of behavior and responsibility were met.

The puzzle of the Smith family problem was eventually put together through the continuing work with Mrs. Smith. In the early part of her year's contact, she, too, spoke of her distress and humiliation at Steve's behavior. She hoped for some practical advice on handling him, but, after her many years of struggling, she knew that advice offered no solution. In contrast to her previous emphasis on Steve as the only person needing help, Mrs. Smith had to look within herself for clues to the source of the problem. She felt that she and Mr. Smith had wanted very much to have children and recalled how crushed they had felt when, after several miscarriages, she delivered a child who died soon after birth. She felt, at first, that she and her hus-

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band had considered adoption very carefully and that they had been thrilled when Steve, at three months, was placed with them by an agency.

After many months of testing whether her counselor was trustworthy, Mrs. Smith began to reveal a key source of her problem with Steve. She recalled that for many years she had avoided mentioning to even her close friends, as she had avoided telling her counselor, that she had a brother in prison. She had tried to deny his existence because of the painful memories of his strange, uncouth behavior and her mother's cruel neglect of him. She felt that somehow he was responsible for her miscarriages, and she had grown to fear pregnancy because she thought her brother's psychopathy was hereditary. Any child she produced might be abnormal. When her own child died immediately after birth, she had felt sad but also relieved because she thought that child might have become a monstrosity. She had not actually wanted to adopt a child but succumbed to the pressure of her family and religious counselor to do so in order to fill the gap of the lost child.

Steve's appearance at the time of adoption had revolted her: He was yellow-skinned, sad, emaciated, and he reminded her and her husband of family members they did not like. As she cared for him, he became more responsive and attractive, "a beautiful child." This, too, irritated her because she resented that he was alive and her natural child wasn't. She wondered why she had lost her child and another woman who bore a child gave up that child. Mrs. Smith thought she had had these feelings well under control. In the light of Steve's subsequent development, however, it appears that her fear and resentment had interfered with her mothering of him, and this in turn promoted his development into just the type of person she dreaded.

As Mrs. Smith became aware of the role of her own earlier attitudes, her relationship to Steve changed. Mr. Smith's greater insight also provided support. Steve, without further treatment, began to settle down, started working regularly, and contributed to the home, emotionally as well as financially.² The middle child had always had a more secure position in the family but began, in adolescence, to act out by dating boys of whom her parents disapproved. When Mrs. Smith was helped to see that her anxiety was related to fear that her daughter would become sexually promiscuous, Mrs. Smith could connect her own fear of family "taint" to her fear that her children, all adopted, would have

inherited delinquent tendencies. The lines of communication with her middle child were reopened and she felt that her expectations of the younger child would be more realistic. At termination, there appeared to be a comfortable balance of relationship within the Smith family.

Parents' Problems Projected onto Adoption

We saw that Mrs. Smith resented the natural mother's ability to produce a living child when she, Mrs. Smith, could not overcome her own fear of producing a defective child. She had not previously recognized how strong her disappointment in herself was nor how she viewed Steve as an "inferior" child. An unanswerable question arises as to whether Mrs. Smith might have been able to conceive and deliver a healthy child herself if she had had intensive psychiatric treatment at an earlier age and had become more familiar with the source of her fears. As it was, Mr. Smith's fear of aggressive behavior and his view of Steve's natural parents as wanton dovetailed with his wife's expectations and led to a mutual difficulty in raising Steve. It is quite probable that the internalized problems of Mr. and Mrs. Smith would have reflected themselves in a natural child of theirs, but in this situation, there was an extra peg, the adoption, on which the problems could be hung.

In counseling one has to be aware of the possible effects of adoption, but one also has to evaluate the individual personality patterns of the family members to discover what adoption means to them. Sometimes one finds that not only problems, but also pleasures, are hung on that peg of adoption. This is illustrated by another adoptive mother, a woman talented in the arts and literature who ascribed her daughter's budding interest in literature to the fact that the natural mother had been reading Joyce in the hospital after delivery!

Interferences in Identification Process

Here one sees, as was evident in the Smith family, a breach in the identification of child with adoptive parents. Since identification takes place during the psychosexual developmental phases, rather than being inherent, might there be complications in the identification process particular to families where the child is adopted? Perhaps the fact that there

²Of course his basic personality pattern had not really changed, and optimally one would have hoped that he could at that point have sought psychotherapy for himself.

was once a choice made—selecting a particular child—is interpreted to mean that other choices are possible and postpones solidifying the ties. Adoptive parents know that not only could the natural mother have chosen to keep the child, but also that other prospective adoptive parents could have been given the child. It is not unusual for an adoptive parent, in difficulty with his child, to have the feeling that other adoptive parents might have raised the child more successfully.

There is a reality to this thought which there is not in the plaint of the natural mother who questions whether she manages as well as other mothers. No other mother was available to test this out. The adopted child in a troubled family, knowing of his adoption, is aware that he was once given up and may fear that what happened once may happen again. Perhaps it seems safer to him not to move too close to his parents and risk being rejected. Adopted children frequently test this out by observing the way their parents react to other possessions. One seven-year-old adopted girl insisted upon taking a stuffed animal with her when she went to school or to visit. The parents were irritated by her immaturity in doing this until they recalled that each year when they went to their summer home, they took in a stray kitten which they left there at the end of the season. The child thought a similar thing could happen to her and symbolically rescued the lost kitten.

The spectre of the natural parents may also play a role in the adopted child's identification process, particularly where some facts are known about the natural parents and are transmitted to the child—as was done with Steve Smith and his taxi-driving natural father. The child may become confused in what he integrates of his adoptive parents and of the natural parents, especially if there seemingly is a conflict in the standards of the two. This seems to have happened in Steve's case, where, sensing his parents' antagonism toward him, he chose to taunt their standards and to follow what he had been led to believe were the irresponsible and pleasure-seeking standards of his natural parents, even though the natural parents' standards were, in reality, unknown.

Every child engages in what Freud identified as the "family romance"—the fantasy that somewhere there are his "real" parents who

would be kinder, more sterling, and more glamorous than his actual parents and that these other parents will rescue him and provide a life of bliss.³ Most children have been known to say to their parents at points of anger or disappointment, "I hate you. You are not my real parents." Ordinarily, this fantasy gives way readily to the resolution of the child's identification with the parent of the same sex. But the adopted child may have more difficulty because he knows that there were other parents. He may cling to the fantasy and, at adolescence, actually look for the other parents. The adoptive parents may be too stunned or too hurt to reassure the child that they are his parents.

It has been noted by many professionals working with adoptive parents that they seem to have more qualms about disciplining their children. Perhaps one reason is that they fear that angering their children will lead to the children's rejecting them in favor of the other, nebulous, first parents. The fantasy may encompass other family members, too. One eleven-year-old girl, upon being told by an older acquaintance from the city in which she had been born that she looked like the acquaintance's eleven-year-old sister, began to speculate that she might have been one of twins. She believed that she had been placed for adoption and her mythical twin kept by the original parents. Since there were some similarities between the family of the adopted girl and the acquaintance's family, the adoptive mother also became temporarily engrossed in the fantasy and could not at first correctly appraise and answer her daughter's questions.

Problems with Background Information

One might question how Steve and the other children knew anything about their background. Whether a child is adopted through an agency or through other channels, there are usually a few facts given the adoptive family about the natural parents; these facts seem often to become amplified through conjecture and are transmitted directly or indirectly to the children. Children who have been told that they are adopted eventually ask about their natural parents, and the attitudes ex-

³ Sigmund Freud, *Collected Papers*, Vol. V (London: The Hogarth Press and the Institute of Psycho-Analysis, 1956), pp. 74-78.

Counseling After Legal Adoption

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pressed directly or indirectly by their parents in answering are noted. The comfort to a child in hearing the frequently expressed answer that the natural parents loved their baby but were unable to raise him for some practical reason may be negated by the obvious discomfort in the parents' manner while discussing the "facts." Since this may serve to pique the child's curiosity about the natural parents, many adoptive parents prefer to say that the natural parents are deceased. That this may not be effective was recently illustrated to one mother who had told her children that their parents died during the war. When her children reached adolescence, one of them began to wonder again about the natural parents and wanted to know why other relatives hadn't taken her. The mother told her counselor, "I killed them off once, and now I can't revive them to talk about it for real."

There seems to be a universal expectation that it will be difficult to tell a child that he is adopted, as witness the frequency with which friends and professional counselors, upon being told that Johnny is adopted, ask, "Does Johnny know he's adopted?" Why is it so difficult for some parents to tell children that they are adopted? Probably one reason is that to do so brings up the previously mentioned spectre of the natural parents. One must also remember that there is within our culture an aura of "difference" placed upon the adopted child. Adoptive parents frequently expect nonacceptance from their own relatives, who they fear may discriminate against the adopted child in fortifying family relationships. Parents often find it easier to discuss adoption with their own children when they know other couples who have adopted and can point to the other couples' children as having arrived in the same way as their own. Beyond this, it may be hard for parents to speak of adoption because to do so may remind them once again of their own infertility and the pangs they earlier suffered in discovering that they could not themselves conceive a child. Those who have not resolved feelings of humiliation or incompleteness as a sexual person as a result of the earlier, unsuccessful attempts to conceive may, consciously or unconsciously, want to avoid areas which revive these feelings. Giving information about adoption and sex are two of the most potently

painful areas with which such parents have to deal.

Adolescence Factors Exaggerated

It is well-nigh impossible for any parents, whether their children were adopted or conceived by themselves, to overlook the sexual upsurge in an adolescent. The child's greater interest in his own body, coupled with his increasing rebellion, may be particularly difficult for adoptive parents who have not resolved their feelings about their own and the natural parents' sexuality. It is commonly known that the majority of adopted children were conceived out of wedlock, and it is at adolescence that the adoptive parents' fear of their child's having inherited some tendency to sexual acting out achieves full bloom. They seem to expect that if the natural parents were promiscuous, the child will be, and overlook the impact of their own influence on the child. This was evident in the Smith case, where Steve did act out sexually and where his sister, having lived harmoniously with the family, became a problem to the mother, who anticipated sexual acting out at puberty.

Again, there is the fear of the child's acting in the image of the natural parents rather than of the parents who have raised him. When the child reaches an age at which he can produce a child of his own, he may try to do so, as Steve Smith did, if he has been led to believe that this is expected of him. If the child's parents are still concerned about "bad taints" or are still troubled about their own infertility, these concerns are heightened by the child's sexuality, and they may not be able to help the child master his impulses. They may even subtly encourage him to act on his impulses, not recognizing the role their own expectation plays.

Summary

Adoptive families have no priority on problems. Personality difficulties and problems in family interaction similar to those described here exist in families where children are living with their natural parents, but adopted children and their parents have a fertile field on which to project their troubles; they can attribute them to the area of the adoption. The task in counseling is to help the individual

(continued on p. 28)

NEWS FROM THE FIELD

Foster Homes for Children with Medical Problems

Historically, two concepts have operated to keep sick and handicapped children in institutions and to impede the wider use of foster homes for children whose physical and emotional development could best be served by foster family living. The first concept concerns the generalized use of institutional care for children with medical problems or handicaps.

Although the knowledge that early institutional living is damaging to personality development has been gaining wider acceptance and children's agencies have been making progress in moving infants and preschool children out of institutions and into individual adoptive and foster homes, this preventive thinking has lagged behind with respect to sick and handicapped children in institutions. Why?

"CRIPPLED" CHILDREN NEED FAMILIES AS WELL AS MEDICAL CARE

Traditionally, society thinks of "crippled" children as belonging in institutional settings. In the early years of this century many philanthropic organizations and individuals gave large sums to endow crippled children's homes. This support was probably necessary when the medical care involved many operations, long convalescence, complicated apparatus, and 24-hour nursing care. However, this need has lessened today because of the tremendous progress made by medicine, the widespread growth of medical facilities, the use of antibiotics, and the ease of transportation, which enables families to bring children to outpatient clinics for follow-up care.

The public has been slow to realize that the handicapped child desperately needs to live in a family if his personality is to develop while his muscles and bones are growing. A year of intensive medical treatment need not be a year away from the security of a family. A physically handicapped child has a hard enough time adjusting to his physical problems without the added burden of emotional scarring resulting from institutional living in his early, formative years. Public and private agencies have a responsibility for finding fos-

ter homes for these children if they are unable to be with their own families.

The second concept that may have delayed greater use of foster homes for children with medical problems is related to the belief that "special" foster parents are needed to cope with these "special" children. There is a conviction on the part of many medical people that illness and handicaps could be understood and handled satisfactorily only by foster mothers who have professional nursing backgrounds. Hospital personnel often say to us: "We want this child in a medical foster home." What do they mean? Chiefly, they want to be sure that the child will get good care, that medical orders will be followed, that any unusual symptoms will be reported, and that the child will be brought in for regular checkups. Is this not what any intelligent and interested parent would do?

PREVENTING CHILDREN FROM BECOMING "HARD TO PLACE"

The experience of our small child welfare agency in Boston—the Children's Mission to Children—which has been specializing for over forty years in the care of children with medical problems, has demonstrated the lack of validity of these widespread concepts. We have shown a measure of success in placing so-called "institutional" children with medical problems in both foster homes and adoptive homes. With younger children in particular, we have halted the process whereby such children remain in institutional care until they become "hard-to-place" children—children who later prove too hard to manage and are moved from one home to another and who suffer emotional damages that are irreparable.

Warren was an out-of-wedlock baby born with severe club feet. Since his mother was not interested in him, he was placed in an institution for crippled children, where he remained until he was two and one-half years old. Good orthopedic care was given, but he had no visitors and was described as a sad child who cried a good deal. Shortly after referral to this agency, he was placed with warmhearted, sociable foster parents who had a daughter but longed for more children. There were pets in the home and many playmates in the neighborhood. Warren's personality improvement was amazing. In spite of a heavy

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program of medical care—casts, exercises, intermittent operations—he led a very normal life, going to Sunday School in casts and later to kindergarten on crutches. Plans are underway for the foster parents to adopt him, with future medical expenses being met with public funds. This is the child about whom one physician said it would be medically and socially inadvisable for him to leave the institution. (Some medical personnel have had an unsatisfactory experience with a foster parent which may color their thinking about all foster care.)

The experience of our agency has shown further that we do not need "special" or "medical" foster homes; *we do, however, need foster parents who can focus on the child and not on the medical problem.* We have found that children with medical problems do not place any greater emotional demands on foster families (although there may be more attention needed to physical care and medical followup) than do the majority of children in the care of other agencies.

Linda, the illegitimate baby of a deaf mother and father, was unresponsive and assumed to be deaf. A hearing test showed a considerable hearing loss. As a result, the child was left in an institution, with maternal relatives paying for her care and the people in charge thinking "nobody would want a deaf baby!" Placed in a foster home at eleven months with a warm, affectionate foster mother and with a great deal of stimulation from the foster parents and their two school-age children, Linda began to take more interest in her surroundings, to play, and to try to use words. A second hearing test, six months later, showed the supposed hearing loss to be a very slight one, not requiring even a hearing aid. Linda improved rapidly, her intelligence became evident, and at twenty months she was adopted.

EVALUATION OF FOSTER PARENTS' ATTITUDES TOWARD ILLNESS

The only difference, then, in the diagnostic evaluation of foster homes studied and used by our agency involves a closer scrutiny of attitudes toward illness and how they may be tied up with motivation to board a child.

It is true that some medical conditions require the experience of a nurse, but the professional nurses in our group of foster parents represent a very small proportion of the whole. Out of sixty foster homes, only nine foster

mothers are Registered Nurses, four are Licensed Practical Nurses, and five have had partial nurses' training. Professional training does make it easier to cope with certain routines of care, and prior experience working in an institution makes certain unpleasant conditions more readily acceptable.

The foster home study is an assessment of all the qualities and motivations of foster parent applicants based on an understanding of background and present adjustments; and although it does not focus specifically on attitudes toward illness, but more on attitudes toward children, we have made some general observations about the applicants at our agency. We have found that some applicants who have had little or no experience with illness find that they would actually be more comfortable in caring for "well" children or those where the illness is a simple medical situation like malnutrition.

In discussing foster parents' feelings about different types of handicaps, we find the expected marked individual differences. Many can accept the well-understood handicaps that follow polio but are frightened by the uncertainties of heart conditions. Some can work with deaf children but a blind child would arouse too much anxiety. Some couples can have patience with the slowness of a child with cerebral palsy but might be threatened by seizures. These differences are tied up with the foster parents' own life experiences, their childhood traumas, the attitudes of their families, and cultural surroundings. The home-finder must listen with a discerning ear for feelings along this line, lest she impose her own professional acceptance of such conditions on applicants who haven't felt free to discuss their personal anxieties.

We have sometimes accepted as foster parents those applicants who have specifically stated that they wished to care only for those children who present a medical problem or handicap. Some of these foster parents have cared for our so-called "institutional" children, and their motivations for doing so have been varied. In two situations, one of the couple had been severely and permanently crippled and it was stated that the motivation for boarding a handicapped child was that the couples felt they could understand and help a handicapped child on the basis of their

own experiences. With such applicants it is important to know how the foster parent has adjusted to his own handicap. Is his adjustment a surface one with many underlying problems unresolved? If he has overcome enormous obstacles, will he expect the same drive from the child, who may be unable to do this? He can give understanding and help, but he must not expect the child to be an image of himself.

We have found with some applicants that family deaths, perhaps long ago and oftentimes associated with long periods of severe illness, have precipitated feelings of either guilt or remorse which have culminated in a wish to board a handicapped child on whom the foster parent could expend his physical and emotional energies. Depending on the total situation, such motivation can be either constructive or destructive and needs careful weighing.

There is a group of foster parents whose seemingly healthy attitudes toward handicapped youngsters and "dedicated" willingness to care for them merits some notice. With these people, we were never quite sure what their motivations were, but they were similar to each other in that they met each situation in life, no matter how complicated, as a real challenge and with a real sense of "giving service." These people have been successful foster parents with our children—some of whom had been "institutional" children.

From experience we have learned that, regardless of the positive attitudes of foster parents toward medical situations, great caution should be exercised in placing a severely handicapped child in a home where there are young children, particularly those between five and eight. The fantasies and anxieties that can be aroused in the normal child around gross deformities and handicaps of a foster child can be destructive to a foster home placement.

SUMMARY

Since practice has been catching up with the theory that children should be maintained in their own homes whenever possible, many agencies are finding that the children whom they do have to place in foster homes today are children with severe emotional disturbances. By the very nature of their problems, these children place greater demands on foster

parents than ever before and the need of the foster families for greater support by the caseworkers becomes self-evident. In the case of children with medical problems, we have found that many come referred to the agency either after long periods of institutionalization or hospitalization or when family breakdown has been "triggered off" by the illness or handicap. Often, the medical situation brings to light deep-seated family problems of long duration, and part of the casework planning for many of these children must of necessity involve foster home care. Taking these factors into consideration, our agency has been using a foster home for the placement of only one child at a time (except where it becomes diagnostically sound at some future time to consider a second placement).

There will always be a need for foster home care for some children; but recognizing that many severe behavior problems can be helped at an early age, this agency has been reaching out into the community, to medical facilities in particular (including institutions for crippled children), with a preventive focus in order that earlier referral be made to us. Physical injuries heal but often leave scars; even deeper and more damaging are the scars on the personality left when infancy or preschool years have been spent in an institution.

ANNE W. COCHINTU
Executive Director

WINIFRED MASON
Homefinder

Children's Mission to Children
Boston, Massachusetts

Erickson

(continued from p. 25)

family members see how they are doing this so that the focus can be brought back to the reality of the child-parent relationship and corrections made therein. We who do counseling must be alert to possible problems in the areas of identification, fantasies about the natural parents, ways of expressing love and acceptance, and unresolved feelings about infertility. However, we must counsel each family individually and know that even these commonly found factors, which constitute the "added dimension," will be interpreted differently by individual parents and their children.

CHILD WELFARE

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READERS' FORUM

Florida Agency Has Program To Encourage Adoptive Applicants

To the Editor:

The September issue of CHILD WELFARE contained your request for comments about the dropoff in adoptive applicants. We, in Florida, are also noticing this trend and our agency is taking steps to counteract it.

We have recently printed an illustrated brochure expressly aimed at destroying the old "ten to one" and other similar mythical stereotypes about agency adoptions. We have been successful in getting our County Medical Society to publish an article in its News Bulletin entitled "Let's Explode Some Old Myths." We have also sent a copy of this article to all of the physicians in our placement area. This has been accompanied by a form letter we have individually typed by volunteers as a cover letter.

We have also had spot announcements on the radio stations serving our placement area, as well as a considerable amount of newspaper publicity about the availability of children through adoption agencies. Our greatest success has come from an announcement we have been able to have published in dozens of church bulletins indicating that anyone interested in adoption should apply to our agency. This has led to inquiries coming to our agency from families as far away as New York City. Many of these have been very suitable adoptive prospects.

We have concluded that publicity and public relations geared toward securing good adoptive applicants must be "low pressure" but constant and continuous in order [for an agency] to continue to receive an adequate supply of prospective families. We are beginning to see the results of our public relations efforts and have a much more comfortable supply of adoptive applicants than [we had] six months ago. We would be glad to make available to any agency requesting them a copy of our adoption brochure, which we think is most attractive, and a copy of the article which has been distributed to doctors in our vicinity. We believe the increase in the number of children available for adoption will be accompanied by a less marked increase in the num-

ber of applicants and that all agencies should look to the future in a concerted effort to destroy the misconceptions that continue to be so prevalent in the minds of potential adoptive parents.

WESLEY W. JENKINS

*Executive Director
Family and Children's Service, Inc.
St. Petersburg, Florida*

Critical of "Found: A Home for Suzie"

To the Editor:

The article "Found: A Home for Suzie" (CHILD WELFARE, September 1961) raises disturbing question about acceptable and current foster homefinding practice. We have here a six-year-old child with a serious skin disorder and grave psychological problems, reared in hospital and nursery settings for the first four years of life, followed by two years of foster home placement that was not successful and four months again in an infirmary. At this unpromising juncture, it is proposed that a special foster home be found for the child; eighteen days after the first newspaper publicity appears, the youngster leaves for her new home.

How is it possible to screen twenty-six families suitably and to study and accept one good foster home in the remarkably short time of eighteen days? Do you *genuinely* have any notion about the complexities involved? A good foster home study looking toward long-term placement of a grossly disturbed child calls for a depth and sensitivity that cannot be achieved in a brief period. We all know far too many children damaged by superficial home studies and consequent destructive placement. The hair-raising speed with which little Suzie was packed off to a new home bodes ill for her future.

The article's focus on the "public relations" aspect of the matter (including such avant-garde advice as "thanking the newspaper") obscures consideration of the child in the totality of her situation. What interpretation and preparation were given this six-year-old? And since a child does not live alone, even in

an infirmary, how were feelings of the other youngsters handled, both before and after the newspaper publicity appeared? Were pre-placement visits also squeezed into the same eighteen days?

Contrary to the article's conclusion, the community has *not* "been presented with a concrete example of what is involved in home-finding . . ." What the community did get was inspired publicity with a conventional happy ending, but not better understanding of a process worth understanding.

SLYVESTER ADESSA

Executive Director
Lakeside Children's Center
Milwaukee, Wisconsin

Screening In Adoptive Applicants

To the Editor:

It was a rewarding experience to read Dr. Barry's article, "Emotional Transactions in the Preadoptive Study," in the October 1961 issue of CHILD WELFARE. His subject is one which hits at the heart of adoption practice but has received rare attention in the social work and psychiatric literature. Dr. Barry vividly describes the kind of anxiety carried by both the adoption applicant couple and the agency caseworker when they come together to work on the matter of how suitable the couple may be considered by the agency as adoptive parents to a child. It is an emotionally loaded situation and one which makes honest, warm, and direct communication exceedingly difficult.

Whereas I am in agreement with Dr. Barry's article and the manner in which he develops his point of view, I think his emphasis upon the emotional interaction between the adopting family and the agency worker presents certain hazards to the field of adoption depending upon the kind of training and skill which practitioners possess. It would be risky for an employee of an agency to use himself in the kind of feeling way described without there being a sound professional base, administratively supported, in working with applicant couples. Once a sound professional

base has been achieved, individual caseworkers may find it possible to be more relaxed, more warmly giving in interviewing potential parents. Better procedures and methods of interviewing are important to adoption if agencies will be able to counteract a national trend of a marked decrease in applications from white couples. Unless applicant couples can find in the agency a warmth and welcome and an understanding of them, more agencies may report as Judge Waxter did in the September issue of CHILD WELFARE.

Applicant couples undoubtedly use some "group" support from friends and neighbors and other adoptive families before approaching an agency. Equally, adoption workers need some group support, in addition to supervision, in handling their anxieties. At the Children's Aid Society of Pennsylvania, all those members of the staff who engage in adoption work have met during the past six years in regular monthly staff meetings to discuss ways of improving policies and procedures as well as casework practices. This kind of learning from each other and arriving at some basic principles together has resulted in intake procedures which welcome the applicant couples. As a staff we have examined every aspect of our adoption work which might seem negative to the couple coming to us. In practice meetings and in case conferences with the consulting psychiatrist, we have looked at the matter of transference and have begun facing up to the snares of counter-transferences; out of our failures in communication and understanding adoptive families we are learning how to be more relaxed in being warmly accepting without going overboard; of helping a couple to "come through" without feeling bound to accept them for a child.

One might wonder why adoption work can be so anxiety-provoking and burdensome to a staff. Perhaps in part it is because our social work training did not teach us very much about how to relate to successful people who draw heavily on the defense of denial in discussing their sense of pain and failure in childlessness and who present no specific problem in maladjustment for the worker to get at. And as Dr. Barry wrote, most couples do not dare to express ambivalence and feelings of doubt about adoption until they have been

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formally approved for a child. In a time-limited process, the caseworker is acutely aware of her power to give or deny, depending upon her understanding of a particular couple. She or he carries an awesome burden of judging.

If adoption workers can be more secure in feeling that only out of an understanding of a family can they be helpful to them if the decision is to refuse them, then the agency itself will be able to do a more sensitive job of screening in families. I feel we must shift the emphasis from screening out to screening in despite all the problems of having sufficient staff to keep up with the many job pressures.

ROBERTA G. ANDREWS

*Associate Director
Children's Aid Society of Pennsylvania
Philadelphia, Pa.*

removable and leaving the seat free to move. This arrangement is comparatively safe but the problem of transporting very young infants is still with us. We do not want to accept the necessity of having two persons ride with an infant—one to drive and one to hold the baby.

The State Department of Public Welfare (of Maryland) has agreed to bring this matter to the attention of the Children's Bureau and they suggested that we get in touch with you, with the idea that you might call this to the attention of other agencies which have dealt with it.

We would certainly appreciate any help your readers might be able to offer us.

ESTHER LAZARUS

*Director
Department of Public Welfare
Baltimore, Maryland*

Transporting Infants; Agencies' Advice Sought

To the Editor:

This Department has been concerned for some time about the danger in transporting infants and young children in automobiles. Two-door cars are particularly good for the older child because there are no rear doors that can be opened. They have never been satisfactory, however, for the child who needs some type of car bed, because the bed cannot be fastened to a mobile front seat.

We have been using the cardboard beds similar to those given newborn babies when they leave the hospital. These beds, however, are extremely light and there is no way in which they can be wedged on the seat or even on the floor in the front in the new compact cars.

We wrote to the American Motors Corporation asking if they had any device which would make their cars safe for transporting babies and small children, and they sent us straps to install, with explicit directions. The Transportation Bureau of Baltimore City worked with the straps and has reported to us that this is not a satisfactory answer. They did make and install a small bolt that holds the back of the front seat rigid, this bolt being

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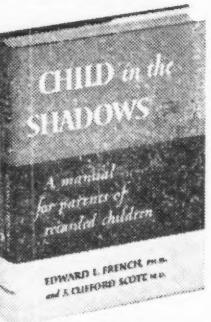
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BOOK REVIEW

Social Welfare Administration, edited by Ella W. Reed. New York: Columbia University Press, 1961. 121 pp., \$2.25.

This small volume contains eight selected papers presented at the 1960 National Conference on Social Welfare. It is not a definitive compendium on administration, but rather provides a few of the current concepts and trends in administration. These eight contributions are made not only by those trained in social work, but also by persons specifically trained for administrative responsibility in schools of business and of public administration. Each of the three fields provides some generic knowledge and skill needed in administration.

The contributors are Sol Morton Isaac, Vice President, National Social Welfare Assembly; James D. Thompson, Director, Administrative Science Center, University of Pittsburgh; Sue W. Spencer, Director, School of Social Work, University of Tennessee; David G. French, Associate Professor, Florence Heller Graduate School for Advanced Studies in Social Welfare, Brandeis University; Richard F. Cleveland, Semmes, Bowen, and Semmes, Baltimore; L. J. Ganser, M.D., Director, Division of Mental Hygiene, Wisconsin Department of Public Welfare; John C. Flanagan, Director, Institute of Research, University of Pittsburgh; and Sidney Berengarten, Professor of Social Work, New York School of Social Work, Columbia University.

The broad conception of administration set forth in this volume is, perhaps, due to the broad range of professions represented. The eight selected papers deal specifically with boards and their responsibilities, specific areas of research, aspects of community organization, as well with the more classically defined areas of administration per se.

As these essays cover widely divergent aspects and problems of social welfare administration, the reader's own orientation will determine what he finds of interest within the book. Of particular interest to the reviewer were the essays by Thompson, Spencer, and Berengarten. Thompson's essay on "Common Elements in Administration" will be particularly challenging to those who view social welfare administration as a method of expe-

Book Review

ding social knowledge to other agencies but also as a method of administration that can be transferred to another. In the Pittsburgh area, in Administration "administers" social welfare in context it is a means in recognizing common elements in administrative responsibility." Committee, as a means of requiring professional development sources drawn and on the field of administration; on rather than This essay who hold academic training planning

In her in a Society presents who feel between She discusses administrative particular procedures and training in community communication welfare agents in keeping which are proprietors managers sources proprietors' affairs discussed in paper.

diting social services to people that requires a knowledge not only of administrative processes but also of the technical and professional method of social work itself. Thompson states that administrative ability can be, and is, transferred from one professional field to another. In presenting the ideas of the Pittsburgh area Committee on Common Elements in Administration, Thompson reports that "administration in business, administration in social welfare, administration in whatever context it may be found, have more elements in common than traditional beliefs recognize, and that the importance of those common elements generally is underestimated." He goes on to say that the committee, as a result of studying the common elements in administration, feels that "rigid requirements, such as certain kinds of professional degrees, unnecessarily restrict the sources from which administrators can be drawn and are therefore unduly restricting on the fields which need increasingly effective administration. The focus should be on administrative ability rather than on career history; on readiness for the new responsibilities rather than on competence in a prior position." This essay will be a challenge also to those who hold to the necessity for providing academic training of professional content to those planning to administer in the profession.

In her essay on "The Administrative Process in a Social Welfare Agency," Spencer, too, presents a different point of view for those who feel the necessity to clearly distinguish between policy-making and policy execution. She discusses the proposition that the administrative process "is seen as a continuous, circular process which involves securing resources and transforming them in a pattern of community service in accordance with expressed community will. This definition of social welfare agency administration," she indicates, "is in keeping with current administration theory which makes no sharp dichotomy between proprietorship as the policy-making body and management as the agent which uses the resources according to policies prescribed by proprietorship." Much that enters the administrator's mind in conducting his everyday affairs in the agency is identified and discussed with thoughtfulness and clarity in this paper.

DECEMBER, 1961

Most stimulating and practically useful of the eight essays, in the reviewer's judgment, is Berengarten's "Selection and Staff Placement of Personnel." He reports on the selection study of the New York School of Social Work and on the development of criteria for the selection of students based on a personality-oriented approach which has great carryover value to agency administrators in the employment of staff. He devotes several pages to a discussion of the faculty member and the administrator as interviewers and to the forces that operate within them in reaction to applicants and their influence on interviewer judgment. With respect to the applicant himself, Mr. Berengarten offers extremely helpful suggestions with regard to intellectual endowment, philosophy of life, reality-relatedness, motivation, capacity for growth and change, and the capacity to form relationships. It is his belief that, regardless of the special theme of our agencies, certain personal qualities must be looked for in students seeking admission to schools of social work and that these personality characteristics are the same as those one seeks in prospective workers. The implication, of course, suggests the most careful cooperation of agency administrators with school faculty in identifying proper criteria for student selection.

EARL J. BEATT

Executive Director
Family and Children's Service
Minneapolis, Minnesota

SOME RECENT PUBLICATIONS*

Crime and Juvenile Delinquency, 2nd edition, Sol Rubin, Oceana Publications, Inc., NYC, 1961. 248 pp. \$5.00. This book discusses juvenile delinquency and neglect, its causes and treatment; crime by youths above juvenile court age; the sentencing of adult criminals; probation and parole; and research.

Do Teenagers Have Wisdom? June Bingham, produced and distributed by Mental Health

* Available on loan from League's library.

Materials Center, 104 E. 25th St., New York 10, N. Y., 1961. 29 pp. 40 cents.

When Your Baby Is on the Way, Children's Bureau Publication No. 391—1961, U. S. Government Printing Office, Washington, D.C.

15 cents. Taking the form of a picture leaflet which can be read quickly, this publication describes the steps the mother will need to take during her pregnancy, as well as how she can best use the health facilities in her community.

CLASSIFIED PERSONNEL OPENINGS

Classified personnel advertisements are inserted at the rate of 15 cents per word; boxed ads \$7.50 per inch; minimum insertion \$3.00. Beginning with the January, 1962 issue, the rate for classified personnel advertisements will be 17 cents per word; boxed ads \$8.50 per inch; minimum insertion \$3.50. Deadline for acceptance or cancellation of ads is SIXTH of month preceding month of publication. Ads listing box numbers or otherwise not identifying the agency are accepted only when accompanied by statement that person currently holding the job knows ad is being placed.

THE STATE OF ALASKA
Offers new and challenging opportunities in public welfare. Applications are now being accepted for the following positions: PUBLIC ASSISTANCE SUPERVISOR — \$10,080-\$12,060. Supervise operation of State public assistance program. MSW, 5 years' experience of which 2 years must have been in public welfare administration or supervision. DISTRICT REPRESENTATIVE — \$8820-\$10,560 plus cost-of-living allowance in certain locations. Administer public welfare program within assigned district. One year graduate training. Three years' experience in social work of which 1 year must have been in supervisory or administrative capacity. Substitutions allowed for additional graduate training. CHILD WELFARE WORKER — \$7200-\$8640 plus cost-of-living allowance in certain locations. One year graduate training, 1 year experience in social work. Substitutions allowed for additional graduate training. LEAVE, HEALTH AND LIFE INSURANCE, RETIREMENT PROVISIONS. Write Air Mail to: George P. Spartz, Director, Division of Public Welfare, Department of Health and Welfare, Room 129 Alaska Office Bldg., Juneau, Alaska.

EXECUTIVE DIRECTOR—Florence Crittenton Home, Phoenix, Arizona. A residential home for unmarried mothers. Medical care provided in nearby hospital. Requirements: MSW in social work and at least 5 years' experience in administrative and social casework. Salary range \$7000-\$8000. Reply to Mrs. Harold Holcomb, 5343 E. Lincoln, Phoenix, Ariz.

ADOPTION WORKER. Immediate opening for MSW with or without adoption experience. 35 hr. wk. Fee and auxiliaries financed. Salary commensurate with experience—minimum \$5700. Maximum open. Beautiful San Joaquin Valley area. Contact William J. Freni, Director of Casework, Infant of Prague Adoption Service, 640 E. Franklin Ave., Fresno, Calif.

CASEWORKERS—Several immediate openings for mature, flexible, competent persons. Challenging work situation. Required: MSW, with or without experience in child or family welfare agency. Salary related to applicant's qualifications. Fringe benefits. Write: The Adoption Institute, H. Gordon MacKay, Executive Director, 1026 S. Spaulding Ave., Los Angeles 19, Calif.

LOS ANGELES—Openings for two caseworkers with graduate training in expanding family and child welfare agency—multiple services including marital counseling, unmarried parents, financial assistance,

SOCIAL WORKER III—For Hawaii Department of Education's school social work positions on island of Maui, and positions on all islands for Department of Social Services' family and child welfare program. MSW and 1 year experience, 1 year social work graduate study and 2 years' experience, or BA and 3 years' experience. Salary: \$5328-\$6468. CHILDREN'S PROTECTIVE SERVICES SOCIAL WORKER (male) to provide services to children neglected, abused or apprehended for minor law violations. MSW and 2 years' experience or 1 year social work graduate study and 3 years' experience. Salary: \$5868-\$7128. Contact Department of Personnel Services, 825 Mililani St., Honolulu, Hawaii.

child placement in foster home care and group care, psychiatric consultation. Highly qualified supervision. Standard personnel practices. Opportunities for advancement. Salary, \$5712-\$7548 depending on training and experience. Write: Rev. William J. Barry, Assistant Director, Catholic Welfare Bureau, 1400 W. 9th St., Los Angeles 15, Calif.

CASEWORK SUPERVISOR—Nonsectarian, child placement

CHILD WELFARE

agency. Serv with emotion and children family day c being devel and experie excellent indi psychiatric consi nnel practice Health and Salary \$563 Wood, Direc dren's Bureau Hyans St.,

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CASEWORK preferred). ance serv troubled b mainly you atric and p available. \$5712-\$714 five step rate with rity, retire Milton L. rector, Je ciation, 5 Room 366

IMMEDIATE child wel adoptive programs. \$7152. Tw required expe experience for Citizenship Division, partment 10th St.,

CHILD WORKER nia count incul DECEMBER

Classified Personnel Openings

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agency. Services include casework with emotionally disturbed parents, and children, foster family care, family day care. Adoption program being developed. MSW required and experience in supervision. Excellent individual and group psychiatric consultation. Good personnel practices, Social Security, Health and Welfare Retirement. Salary \$563-\$703. Mrs. Ernestine Wood, Director of Casework, Children's Bureau of Los Angeles, 2824 Hyans St., Los Angeles 26, Calif.

CASEWORKER II or III—Non-sectarian, child placement agency. Services include casework with emotionally disturbed parents, and children, foster family care, family day care. Adoption program being developed. Individual and group psychiatric consultation. MSW required. Social Security Health and Welfare Retirement, good personnel practices. CWLA member. Salary range: Caseworker II \$476-\$595; Caseworker III \$532-\$665. Mrs. Ernestine Wood, Director of Casework, Children's Bureau of Los Angeles, 2824 Hyans St., Los Angeles 26, Calif.

CASEWORKER II or III (male preferred). In parent-child guidance service to families with troubled boys, aged 6 to 18, primarily youthful offenders. Psychiatric and psychological consultation available. MSW required. II—\$5712-\$7140; III—\$6384-\$7980, five step plan, salary commensurate with experience. Social Security, retirement, health insurance. Milton L. Goldberg, Executive Director, Jewish Big Brothers Association, 590 N. Vermont Ave., Room 366, Los Angeles 4, Calif.

IMMEDIATE OPENINGS for child welfare services worker in adoptive and protective services programs. Salary range: \$5880-\$7152. Two years' graduate study required with substitution of experience for second year acceptable. Citizenship required. Child Welfare Division, Sacramento County Department of Social Welfare, 921 10th St., Sacramento 14, Calif.

CHILD WELFARE SERVICES WORKERS—for Southern California county. Opportunities in adoption included. Worker II: \$6030-

\$7296. Requires year of graduate study in social work and 2 years' experience or 2 years' graduate study. Worker I: \$5424-\$6540. Requires 1 year of graduate study in social work. Paid vacation and sick leave, fully-paid health insurance, liberal retirement benefits. County Personnel, Courthouse, San Bernardino, Calif.

CASEWORKER, MSW—Experienced, preferably male, to work primarily with disturbed adolescent boys in an institution and their families. Residential treatment setting; controlled caseload. Salary range: \$5160-\$7200; appointment salary dependent upon experience. Retirement plan, Social Security, good personnel practices, health insurance. Member CWLA. Contact Lola Bowman, Director of Casework, Edgewood (San Francisco Protestant Orphanage), 1801 Vicente, San Francisco 16, Calif.

SUPERVISOR OF SOCIAL SERVICES: \$8484-\$10,308. Direct major social service division in welfare department such as family and children or intake division. Requires MSW and 6 years' social work experience, including 2 years in administration or supervision at the bureau chief level. **SOCIAL WORK SUPERVISOR III**: \$7692-\$9348. Supervise a large bureau in the welfare department responsible for administration of a segment of the welfare program such as services to children and families, general relief, or related aids and services. Requires MSW and 5 years' social work experience including 3 years' supervisory, administrative, or consultative experience. **MEDICAL SERVICES COORDINATOR**: \$7320-\$8904. Coordinate medical social services for recipients of public assistance under the welfare department medical care program. Requires MSW and 3 years' experience as a medical social worker, including 1 year in a supervisory or administrative capacity in a general hospital or public welfare agency. **CHILD WELFARE SUPERVISOR I**: \$6972-\$8484. Supervise a group of social workers assigned to family and children or intake division. Requires MSW and 3 years' experience in social work.

Also continuous examinations are held for **CHILD WELFARE SERVICES WORKER II**: \$6024-\$7320; **CHILD WELFARE SERV-**

ICES WORKER I: \$5460-\$6636; and **SOCIAL WORKER II**: \$5196-\$6324. Progressive agency in fast growing metropolitan area south of San Francisco Bay. Fine climate. Liberal vacations, holidays, retirement, sick leave, and health insurance plans. Apply by Dec. 15, 1961. Write: Santa Clara County Personnel Dept., 70 W. Rosa St., San Jose 10, Calif. Letters of inquiry postmarked Dec. 15, 1961 will be considered.

CHILD WELFARE WORKERS II—\$6024-\$7320 for family and children's work. Santa Clara County Welfare Department. Progressive agency in fast growing metropolitan area south of San Francisco Bay. Fine climate. Liberal benefits. MSW preferred. Also, **CHILD WELFARE WORKER I**—\$5460-\$6635. One year of graduate training. Write: Henri Habenicht, Asst. Welfare Director, 45 W. St. James St., San Jose, California.

SUPERVISOR—For leadership positions in multi-functional agency offering family counseling and child placement services. Progressive, challenging programs, differentiated caseloads, psychiatric consultation, excellent personnel practices including retirement and Social Security benefits. Required: Master of Social Work, demonstrated skill in supervision and casework. Opportunity to participate in community work. Salary range: \$6500-\$8725. Write to: Alfred M. Neumann, J. D., Executive Director, Jewish Family and Children's Service, 314 14th St., Denver 2, Colo.

CASEWORKER in multiple family and children's agency. Social Security, retirement, and health benefits. Member FSAA and CWLA. Salary range: \$4800-\$7000. Apply to Jacob Little, Jewish Social Service, 91 Vine St., Hartford 12, Conn.

CASEWORKERS—Diversified cases; marital counseling; parent-child relationships; unmarried mothers; adoptive program. Sound personnel practices. Reverend John J. Reilley, Associate Director, Diocesan Bureau of Social Service, 55 Grove Hill, New Britain, Conn.

CASEWORKER—Opening in family-children's agency. Program includes counseling with families and children, placement and supervision of children in foster care, service to unmarried mothers, adoption, and home finding. Salary range comparable with good agency practice. Write Miss Jane K. Dewell, District Secretary, Diocesan Bureau of Social Service, 478 Orange Street, New Haven 2, Conn.

CASEWORKERS—For expanding child care program, group care, foster home and adoption. Beautiful central Florida location, near Orlando and Daytona Beach. Attractive new offices. MSW salary scale: \$5040-\$8000, starting salary depending upon qualifications. William L. Wilson, Florida Methodist Children's Home, P. O. Box 8, Enterprise, Florida.

CASEWORKERS—Seniors and beginners. Work and play in the Sunshine State. Children's Home Society of Florida, a statewide adoption agency, now has openings in Fort Lauderdale, Jacksonville, Lakeland, Pensacola and St. Petersburg. Expanding program promises need in near future for more supervisors, too with interest in community as well as program development. Personnel policies include Social Security and retirement plan; some flexibility in beginning salary adjusted to experience; and 1 month's vacation. Address inquiries to Miss Margaret G. Muller, State Director of Services, Children's Home Society of Florida, Post Office Box 5587, Jacksonville 7, Fla.

CASEWORKERS—An opportunity to live and work on Florida's Gold Coast in a small multi-function child and family agency. Immediate opening for experienced adoption workers. Good personnel practices. Active board. Opportunity for advancement in an expanding program. Starting salary \$5000-\$7000 based on experience. Write: Father Bryan O. Walsh, Catholic Welfare Bureau, 395 N. W. First St., Miami 36, Fla.

CASEWORKER for Episcopal child placement agency—foster care and adoptions. Member CWLA and National Health & Welfare Retirement Assn. Master's degree preferred. Appointment salary according to qualifications. St. Mary's Home for Children, 5741 N. Kenmore Ave., Chicago 40, Ill.

bondale, and East St. Louis. Two levels open: Social Worker II, MSW; salary: \$5640-\$7080. Social Worker III, MSW and 3 years' experience in recognized social agency; salary: \$6600-\$8040. Can hire above minimum. Roman L. Haremski, Superintendent, Child Welfare, Illinois Department of Public Welfare, Rm. 404, State Office Bldg., Springfield, Ill.

CASEWORKER—agency offering adoptions, foster care to unwed mothers, institutional study prior to placement, mixed caseload, responsibility for unwed mothers, MSW, experience and adoption, depending on qualifications. Eugene L. M. Maren's Agency, buque, Iowa.

ASSISTANT EXECUTIVE DIRECTOR—In residential treatment center established 1946. Responsibility for organization of environmental therapy; for supervision and training of staff assigned to it; for collaboration of child care staff with personnel engaged in individual therapy, education, psychiatric consultation; for assisting and learning total executive task. Capacity 18 children. Psychoanalytic oriented consultation in half-day week seminars. Require MA in group work or casework plus experience in institutional care of children as houseparent, caseworker or group worker. Minimum salary \$7500, no housing offered. F. A. King, Executive Director Ridge Farm, Lake Forest, Illinois.

TWO CASEWORKERS—(beginning and experienced). Large multi-function family agency. Involves opportunities to work with children, families and unwed mothers. Psychiatric consultation. Member FSAA, CWLA, National Health and Welfare Retirement Association, Social Security. Beginning worker to provide casework services to families and children—\$5200. Experienced worker for family and marriage counseling—\$6000, MSW required. Salary open for the exceptional experienced caseworker. Apply Mr. Alfred H. Greening, President of the Board, Child and Family Service of Sangamon County, 730 E. Vine, Springfield, Ill.

LUTHERAN branch office agency. Services, foster families. Office campus. MSW range: \$5400-\$8000 upon training qualifications. Executive Director, Child Finding Service, North, Fort

SOCIAL WORKER III—To supervise workers and assist in administering public child welfare services program (member CWLA). Professional supervision from regional office. Openings in Bloomington and Rockford. Requirements: MSW and 3 years' experience in recognized social agency. Salary range: \$6600-\$8040. Can hire above minimum, depending on experience following graduate education. Roman L. Haremski, Superintendent, Child Welfare, Illinois Department of Public Welfare, Rm. 404, State Office Bldg., Springfield, Ill.

CASEWORKER—Family and children's agency in progressive community. Member of CWLA and FSAA. Agency provides family casework, homemaker service, foster care, service to unmarried parents, and adoption. Salary range: \$5400 to \$8580, depending on qualifications. Can appoint to \$6660. MSW required, experience preferred. Social Security and retirement. Please write Margaret Winchell, Executive Director, Family and Children's Service of Fort Wayne, Inc., 2424 Fairfield Ave., Fort Wayne, Ind.

CASEWORKER—multi-functional agency offering court and adoption services. Member FSAA, CWLA. Parents' Association, consultation services. Salary: \$5400-\$8580, depending on qualifications. Can appoint to \$6660. MSW required, experience preferred. Social Security and retirement. Please write Margaret Winchell, Executive Director, Family and Children's Service of Fort Wayne, Inc., 2424 Fairfield Ave., Fort Wayne, Ind.

SOCIAL WORKER II AND III—Beginning program of counseling with parents of mentally retarded children and providing adjunctive services to families to prevent long-time institutional care. Supervision from well-qualified persons with MSW and experience. Opportunities available state-wide; offices in Rockford, Chicago, Peoria, Springfield, Champaign, Car-

CASEWORKER—Treatment-oriented residential care institution located in a small community between Indianapolis and Purdue U. Prepared to hire imaginative, skilled caseworker. CW supervision, psychiatric, psychological consultation available. Salary range: \$5400-\$6400, dependent upon training and experience. Liberal personnel policy; 1 month's vacation; retirement plan, etc. Write: John Hoadley, Administrator, Indiana Methodist Children's Home, 515 West Camp St., Lebanon, Ind.

CHILD WELFARE

ADMINISTRATOR—VISOR OF CHILD WORK—Large agency with active program. Activities, tuberculosis unit, outpatient, patient services. Require supervisory experience of 2 years of progressive supervision, 1 year's experience. Salary range: \$7100-\$8500, depending on period. Some management plan, the approach. Commissioned Rappaportice Department, Hospitals,

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CASEWORKER—Methodist agency offering services through adoptions, foster home care, services to unwed mothers, and institutional study program for children prior to placement. Duties: Carry mixed caseload or assume major responsibility for adoptions or unwed mothers services. Required: MSW, experience in child welfare and adoptions. Salary: From \$5400 depending on experience. Rev. Eugene L. McClure, Hillcrest Children's Agency, 2005 Asbury, Dubuque, Iowa.

LUTHERAN CASEWORKER for branch office of child placing agency. Services to unmarried mothers, foster family care, and adoptions. Office 25 miles from SUI campus. MSW required. Salary range: \$5400 to \$9420, depending upon training, experience, and qualifications. Write D. H. Blobaum, Executive Director, Lutheran Home Finding Society, 234 9th Ave. North, Fort Dodge, Iowa.

CASEWORKER—For expanding, multi-function voluntary agency offering counseling and foster home and adoption services. Member: FSAA, CWLA, and Unmarried Parents Association. Psychiatric consultation. Liberal personnel policies. Salary: \$4800-\$7450. Entrance salary determined by experience. Write: Herman Levin, Executive Director, Child and Family Services, 187 Middle Street, Portland, Maine.

ADMINISTRATIVE SUPERVISOR OF MEDICAL SOCIAL WORK—Large municipal hospital with active teaching and research program. Acute and chronic services, tuberculosis hospital, rehabilitation unit, services to the aging. Outpatient department, and inpatient service in all departments. Require successful completion of 2 years of graduate study in professional school of social work; 5 years' experience including 2 years' supervisory experience. Salary range: \$7104-\$9084 over a 5 year period. Social Security and retirement plan. Appointment subject to the approval of the Civil Service Commission. Write: Miss Mazie F. Rappaport, Director, Social Service Department, Baltimore City Hospitals, Baltimore 24, Md.

EXECUTIVE DIRECTOR—Boys Home Society. Private residential casework program for 16-18 year

old youths. Required: MSW, 5 years' employment in children's services, including 2 years in supervisory or administrative capacity in casework program. Beginning salary \$6500-\$8900. James F. Whitescarver, 1411 Fleet St., Baltimore 30.

PSYCHIATRIC SOCIAL WORKER—For expanding staff of 35-bed private, nonsectarian residential treatment center for emotionally disturbed adolescents. Responsibilities include treatment of children and parents. Possibility of student supervision. Staff seminars plus weekly individual supervisory conference with psychiatrist. Salary commensurate with training and experience. Harry Finkelstein, Executive Director, Children's Home of Baltimore, Inc., 1301 Woodbourne Avenue, Baltimore 12, Md.

CASEWORKER—For multiple-service, private, Protestant agency; to have responsibilities for foster home studies; case work services for children in foster home care, foster parents, natural parents of children in placement. Small caseload. Qualifications: MSW degree; experience in child welfare services preferred; own and drive car, liberal mileage allowed. Salary range: \$5400-\$6750. Beginning salary dependent upon experience. Experienced supervision. Social Security. F. Reid Isaac, Director, Methodist Board of Child Care, 3300 Gaither Road, Baltimore 7, Md.

CASEWORKER—Openings in multiple function family agency, having recently enlarged building in attractive setting, hoping to increase staff and serve more adequately a community of 100,000 bordering Boston. Opportunities for family counseling, child placement, work with unwed mothers and fathers, adoptive placement and participation in community planning. Psychiatric consultation. MSW required. Present salary range: \$5000-\$6700. Annual merit income \$300. Somerville Catholic Charities, 190 Highland Ave., Somerville, Mass.

FAMILY COUNSELOR. Position opening first in 3 years. Challenging and rewarding caseload with predominantly family relationship problems (85%), fee charging and no financial assistance. Professional staff of 4, psychiatric consultation,

supervision according to professional need, experimentation in dictation and group supervision, student training program. Beginning salary within scale of \$5100-\$7100. MSW required. For further information, contact your School of Social Work and Eben W. Martin, Executive, Family Counseling Service, 182 W. Van Buren St., Battle Creek, Mich.

HAVE WHIP? WILL TRAVEL? Staff of 4½ unsupervised caseworkers in need of dedicated, thirty-ish type boss to coordinate juvenile court program and act as liaison man to uninformed public and almost nonexistent private agencies. Program includes services to delinquent, dependent and neglected, and adoptive children in hard-to-spell county of over 50,000. Regular psychological and psychiatric consultation to staff (personal as needed). MINIMUM REQUIREMENTS FOR SURVIVAL: MSW with no less than 5 years in child welfare field and at least 2 years in casework supervision. Salary: \$7000-\$8000, depending on applicant's degree of qualification. Fringe benefits: totally nonexistent. Excellent location: only 1400 miles from Florida's Fabulous Gold Coast! Parties interested in position contact Probate Judge, Juvenile Division, Shiawassee County, Corunna, Mich.

CASEWORKERS—Male and female for multi-function juvenile court handling delinquency, neglect, foster homes and institutional placements. Opportunity for casework with children and parents; participation in development of casework program as part of court reorganization. Court has newly built youth home and separate shelter facility; court clinic for child study, AAPCC approved. Present starting salary: \$5865. On 12-1-61 salary will be \$5880-\$7425 maximum after 4 years. Contact: Samuel Lerner, Director of Casework, Wayne County Juvenile Court, 1025 E. Forest, Detroit 7, Michigan.

CASEWORKER—Either man or woman to work in co-educational residential setting for 44 children with a small boarding home program. Good supervision and psychiatric consultation. Member CWLA, MSW required. Starting salary from \$5400 depending upon experience. Apply to—Raymond H. Warren, Director, Whaley Memorial Foundation, 1201 North Grand Traverse St., Flint 3, Mich.

CASEWORKERS—For 2 new child welfare positions. Small family and children's agency in growing community on Lake Huron. High professional standards, good personnel policies. Excellent opportunity for practice and program development. Starting salary for MSW: \$5800-\$7000; for BA with 2 years' acceptable experience, \$5000. Write Patricia A. Gilroy, Executive Secretary, Catholic Social Services of St. Clair County, 607 Water St., Port Huron, Mich.

CASEWORKERS—Catholic. For children's agency providing adoptive and boarding home programs, services to unmarried mothers, services for affiliated institutions and day nurseries. CWLA member. Requirements: MSW degree. Experience preferred. Appointment salary depending on qualifications. Apply to: Miss Mary C. Daly, Director, Department of Children, Catholic Charities of St. Louis, 4140 Lindell, St. Louis 8, Mo.

CASEWORKER II or III—In a family centered multi-function agency. Opportunities for creative practice. Psychiatric orientation with consultation available at all times. Intensive casework treatment with limited caseloads. MSW preferred. Excellent supervision. Salary: \$5400-\$7020. Contact Harvey H. Glommen, Director, Aitkin County Welfare Department, Aitkin, Minn.

CASEWORKER—With children's or psychiatric experience, interested in a challenging opportunity in a small, private, psychoanalytically-oriented treatment center, patterned on a therapeutic community approach and providing long-term intensive therapy to adolescents, older patients, and family members. Position offers a wide range of experience in individual treatment and group participation; close collaboration with psychiatrists; opportunity to do research and be part of administrative planning. MSW with minimum of 3 years' experience in approved setting required. Beginning salary commensurate with experience. Annual increment. Good personnel practices and supervision. Contact: Miss Helen Darragh, Chief Psychiatric Social Worker, Dept. of Adult Psychiatry, Jewish Hospital, 216 S. Kingshighway Blvd., St. Louis 10, Mo.

CASEWORKER—Male or female with MSW. Interested in joining analytically oriented child care institution. Agency has well established social work program which offers experience with caseworkers, groupworker, remedial teacher, clinical psychologist, child psychiatrist. Salary ceiling: \$6900 at present. Fringe benefits. Agency member CWLA. Write David L. Ball, Director, Methodist Children's Home, 3715 Jamieson Ave., St. Louis 9, Mo.

experience of which 1 must have been supervisory experience and 1 adoption. Considered as fulfilling adoption requirement: school field work; specialized casework or casework supervision; supervisory, training or consultative experience of which major part was adoption. Permanent civil service positions. Open nationwide. Salary: \$7740-\$9360. James J. Sullivan, Director, Bureau of Personnel, State Department of Social Welfare, 112 State St., Albany 1, N. Y.

CASEWORKERS—Statewide child-placing agency developing regional family service units in consultation with FSAA. One opening in Monadnock area in western New Hampshire. Another in metropolitan center close to Boston. Professional casework staff of 15. Dynamically oriented psychiatrist and psychologists. Member CWLA. Salary \$5400 to \$6500. Mr. Valance A. Wickens, Executive Director, N. H. Children's Aid Society, 170 Lowell St., Manchester, N. H.

CASEWORKER—Female. To serve as practicing member of administrative staff of a progressive foster group care program for disturbed or neglected children. Non-sectarian, interracial. Duties include primary responsibility for adolescent girls. Community: stable, with marked cultural growth. Can appoint at \$6000. Write John McPherson, Director, Susquehanna Valley Home, Binghamton, New York.

SUPERVISING PSYCHIATRIC SOCIAL WORKER—Private, non-sectarian, interracial, group care program. Thirty-six children, ages 6-14, 3 cottages. Treatment includes clinic team of part-time supervising child psychiatrist, a staff psychiatrist, clinical psychologist, 5 graduate full-time caseworkers—2 administrative and 3 providing direct therapy, 2 full-time teachers, a doctor in psychiatric training, and a 2nd-year caseworker student. Minimum requirement: MSW, 1 year experience with clinical team child therapy. Desire at least 2 years such clinical experience plus play therapy experience. Responsibilities to coordinate clinical department, supervise 2 caseworkers and student. Salary to \$8500. Can appoint to \$8000. Edwin Millard, Executive Director, Albany Home for Children, 60 Academy Rd., Albany 8, N. Y.

ADOPTION REPRESENTATIVES—In state public welfare department's program for strengthening local adoption services. Field positions in upstate area offices which supervise rural and urban public agencies. Responsibilities include administrative supervision and in-service training of local staffs and operation of successfully functioning adoption exchange. Requirements: graduate school of social work, 4 years' child welfare

PSYCHIATRIC SOCIAL WORKER—For intramural clinic with special focus on children in residential center. Previous experience in children's agency given preference. Salary range: \$5400-\$7000, according to experience. Write to: Children's Aid & S.P.C.C., 330 Delaware Ave., Buffalo 2, N. Y.

CASEWORKER—For Jewish placement agency with small group homes and adolescent units. Professional supervision. Salary scale: \$5200-\$7180; can appoint up to \$6500. Write Joseph Roth, Director of Social Service, Hartman Homecrest, 2532 Beach Channel Dr., Far Rockaway, N. Y.

ADOPTION WORKER—New and expanding Catholic agency. Excellent opportunity for experienced child welfare worker with ability to work independently to help develop new adoption and foster home finding program. Applicants must have completed graduate training from an accredited school of social work and must have a minimum of 4 years of experience. Can appoint at \$6000. Kate Curran, Director, Catholic Family Service, Box 1290, Las Cruces, New Mexico.

CASEWORKER—member of counseling placement, married, adoption. Positions and conditions or needed. Approach problems through group supervision. MSW; experience, psychiatrically agency. \$5400-\$6500. NHW Family health and welfare. Executive Director, Children's Aid Society, Inc., 125 State St., Albany, N. Y.

ADOPTION OPPORTUNITY TO WORK WITH A SERVICE TO PLACEMENT HOME, PRIVATE HOME, HANDICAPPED CHILDREN, NON-SECTARIAN, INTER-RACIAL. GOOD PSYCHIATRIC CARE PROVIDED. TO LEARN REQUIRED. SALARY ON EXPERIENCE. HOWARD L. BUREAU, 125 STATE ST., YORK 10, N. Y.

CASEWORKER—placement, private home, adoption, mother service. Some opportunities with private placement. Psychiatric training, Catholic, 22nd St.,

2 CASEWORKERS—care program, 2-7 years, stay 1 year, other ages. Directly involved. Unusual experience, non-sectarian, training. Social DECEMBER

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CASEWORKERS — FSAA member agency. Family counseling, foster home placement, services to unmarried mothers, and adoption. Psychiatric seminars and consultation. Supervision or consultation as needed. Sound differential approach to family problems through individual and group therapy. Student supervision. Requirements: MSW; recent graduate; and experienced workers in a psychiatrically oriented family agency or clinic. Salary: \$5400-\$8975. Social Security, NHW Retirement, group health and disability insurance. Elwin A. Miller, Executive Director, Family and Children's Service of Albany, Inc., 12 S. Lake Ave., Albany, N. Y.

ADOPTION WORKERS: Opportunity to work in New York City with a service exclusively devoted to placement of children in adoptive homes. Variety of programs includes placement of older children, handicapped children, intercountry adoptions, as well as infants. Good supervision and psychiatric consultation. Opportunity to learn supervision. MSW required. Salary to \$7100, depending on experience. Apply Rev. G. Howard Moore, Catholic Home Bureau, 122 E. 22nd St., New York 10, N. Y.

CASEWORKERS — Children's placement agency with boarding home, adoption and unmarried mother services. MSW required. Some opportunities for Case Aides with provision for graduate educational assistance. Good supervision. Psychiatric consultation. Student training. Salary to \$7,100. Catholic Home Bureau, 122 E. 22nd St., N. Y. C.

2 CASEWORKERS — For interim care program for young children 2-7 years old (average length of stay 1 year) awaiting placement by other agencies. Caseworker works directly with children; with parents if available; and with agencies involved in placement planning. Unusual opportunity in treatment experience in multi-discipline, intersectorian, interracial group setting. Social Security and other ben-

efits. Salary range: \$5260-\$7860. Can employ at \$6560. Annual increment of \$260 at end of 6 months probationary period. Across board \$260 increase May 1, 1962. Esther Eckstein, Director of Social Service, Irvington House, 17 E. 45 St., New York 27, N. Y.

CASEWORKERS — (Beginning or experienced). For Westchester residential treatment center. Also, stimulating foster home program in multi-function child care agency. Excellent supervision. Psychiatric consultation through new agency guidance clinic. Opportunity for group counseling and student training. MSW required. Superior personnel practices. Salary range: \$5200-\$7540. David Roth, Personnel Director, Jewish Child Care Association, 345 Madison Ave., N. Y. MU 9-7900.

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